Lecture
ON
THE USE OF THE LARYNGOSCOPE.

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THE more we remove our means of diagnosis from the range of speculation, and reduce them to direct demonstration, the more precise and definite will be the treatment which we shall be able to employ for the removal of disease. The general aim of all modern observers has been to improve this department of our science. It has been done to so great an extent that complaints have even been raised that the healing of disease has come to be regarded by the physician as of less moment than its recognition. Clearly the two ought to go hand in hand, and I for one do not think it would be difficult to show that they have done so more than the cavillers seem disposed to admit. But whatever view we may take on the subject, we shall certainly agree as to this, that before we apply our remedies we must know the enemy we have to deal with. Disease being an aberration from those healthy states of function and of the tissues with which we are rendered familiar by anatomy and physiology, we cannot determine the mode in which and the means by which the morbid condition shall be removed, unless we are first enabled to determine what function or what tissue is involved. We are compelled by the state of science to deal with one or two specific remedies—that is, remedies whose action we can reduce to no simpler proposition than the statement that they cure certain diseases. But even then we must make sure in the first instance that we have the special disease to deal with for which we know the remedy empirically, and we leave to future inquirers to determine the exact mode in which that remedy operates. Supposing you see a person suffering from the rigors ushering in an attack of inflammation of the lungs. If you hastily jump to the conclusion that he is labouring under a paroxysm of ague, and administer a large dose of quinine, you commit the very error against which I am protesting. You forget that the symptom for which you prescribe is but a general expression of the sympathy of the nervous and vascular systems with a local affection, and neglect to use the various means at your disposal to determine what that consists in. A proper inquiry would lead you to a precise result, which in its turn would indicate the employment of very different treatment. I will not illustrate further these general remarks on the importance of a correct diagnosis by a reference to diseases of the thorax, of the kidneys, of the nervous centres, for which modern inquirers have done so much. Your own observations at the bedside will, I trust, afford you daily suggestions as to the paramount necessity of using all the means at your disposal to determine accurately the morbid conditions before you.

The special object I now have in view is to urge upon you the importance of a new method of investigating a class of diseases which until very recently have belonged entirely to the range of speculation. The diseases themselves, it is true, have been tangible enough, but the uncertainty that surrounded them lay in the poverty of our means to discriminate the various conditions giving rise to but a limited class of symptoms. This *opprobrium medicinæ* is now removed, and we may say that diseases of the vocal cords and their appendages are lit up not only metaphorically but literally, in such a way as to add one more to the triumphs of science over darkness and ignorance. Before the introduction of the laryngoscope we might guess at the condition of the larynx, but nervousness, hysteria, laryngitis, laryngeal phthisis, and other terms, were used, according to the bias of the speaker, rather as a cloak for ignorance than as an indication of actual knowledge. The laryngoscope, by enabling us to look at the vocal cords, to watch their mode of action, to see whether they are discoloured or eroded, whether there is want of symmetry and loss of tone, whether there is tumefaction in the vicinity, whether there is a growth on or near the cords, gives us an amount of information which is of extreme value, both positively and negatively, in determining the presence or absence of disease, and the bearing of laryngeal symptoms upon morbid conditions at a distance. Let me explain my meaning more fully by considering the value of the most prominent symptom of laryngeal disease—aphonia, or loss of voice. Every tissue that enters into the formation of the vocal organs may be morbidly affected so as to induce a greater or less modification of the voice, but there is no modification of this symptom, and no combination into which it enters with other symptoms, which enables the physician positively to say what it is due to, unless by the aid of the laryngoscope. Pain and tenderness often indicate the seat and nature of a disease, but in the case of the larynx they are very commonly absent, even where there is serious disease. Dyspnœa, as you know, is a symptom of so many morbid conditions that it but rarely helps us in determining the share the larynx has in its production.

One of the first cases of laryngeal disease which I ever examined with the laryngoscope was one in which its value was well illustrated. The case was that of a coachman in whom the complex symptoms appeared to indicate the presence of subclavian aneurism, and the physical signs seemed to receive corroboration from the fact of complete aphonia being present. Pressure of the aneurism upon the recurrent laryngeal nerve would account for the aphonia. The laryngoscope, however, removed this supposed symptom of aneurism from the list, inasmuch as it proved to be due to the presence of large epithelial growths on the vocal cords—growths the frequency of which was not suspected until the laryngoscope was brought to carry light into this hitherto dark recess of the human economy. Or take another case. I am frequently consulted by a lady who for above three years has been afflicted with complete aphonia. It appeared to have been brought on in the first instance by cold, and the patient was treated by various physicians on the supposition that she was labouring under laryngitis. At all events heroic remedies, such as a collar of blistering plaster and the like, were employed, under the direction of men of great authority in our profession. But the laryngoscope failed to detect any trace of inflammatory or degenerative action; there was no visible evidence of any disease of the vocal cords, and it became necessary to look for the cause of the symptom elsewhere. You will observe the very opposite significance of the laryngoscopic investigation in the two cases mentioned. In the one, the patient had no chance of recovery without local surgical interference; in the other, all local treatment would—as it did—prove unavailing, because there was no disease within the larynx upon which caustics, sedatives, stimulants, or any other agents could be brought to bear. I remember another very striking illustration—an hospital patient in whom there were what appeared to be urgent symptoms of acute laryngitis. They had supervened suddenly, and the diagnosis received confirmation from the fact of her having on a former occasion been tracheotomised for what she stated to have been the same symptoms. You may conceive my astonishment when I found the larynx to be perfectly patulous, the vocal cords presenting that peculiar pearly whiteness which characterizes them in health, and a complete absence of all local evidence of laryngitis. Again, in phthisis, how frequently do we meet with more or less aggravated aphonia, in which the treatment to be pursued must vary materially according to the exact lesion, which in many cases—I should say the majority—does not demand local application, unless it be for the purpose of showing the dexterity of the operator. If you find, as in a case of which the notes are before me, that in a phthisical aphonia the vocal cords and adjacent parts are perfectly normal, you would justly conclude that the general debility due to the disease had also involved the vocal organs, and that, therefore, general treatment would alone be required.

Let us now briefly consider the laryngoscope itself—what it is to do, and what it enables the physician to do. You may have read in that charming book by Dr. John Brown, the "Horæ Subsecivæ," that Opie was asked how he came to paint as he did, and that he replied "Wi' brains, sir." The laryngoscope—to apply the same principle in medicine—requires "brains" in the observer as the canvas and easel do in the painter. But it requires no more brains nor any greater aptitude than the other instruments that we are constantly using; and it is on the ground of it deserving the attention of every medical man in ordinary practice that I have asked you to listen to these remarks. I consider that the laryngoscope ought to form as much a part of your apparatus as the stethoscope; it requires very much less training, in fact, than that instrument; and I have generally found that the gentlemen to whom I have demonstrated the use of the instrument could

employ it with ease after the first lesson. I do not doubt that you will readily admit that there is no magic in its application. It is necessary that you should know the anatomy of the parts and the simplest laws of optics, and you will then easily realize all your anticipations. Several of you have already seen in the cases that I have brought under your notice, and by demonstrations upon yourselves and me, that there is no mystery attaching to it. One of the patients alluded to (E. G——, in Victoria ward) was also a well-marked illustration of some of my preceding remarks, and of the precision given by the instrument. Suffering from chronic phthisis and occasional temporary loss of voice, and generally from hoarseness, the inference was natural that there was chronic laryngitis or ulceration of the interior of the larynx. But some of you will remember that we saw the vocal cords perfectly normal, but that the left one was rendered almost invisible by a considerable tumefaction of the mucous membrane of the corresponding ventricle.

However, before speaking of laryngeal pathology as exhibited by the laryngoscope, let me say a few words anent the apparatus to be employed, the method of using it, and the points to be observed.

What do you want to do? In plain English, you want to look round a corner into a dark hole. This sounds paradoxical, but the paradox is solved by the laryngoscope.

The light either of the sun or of a lamp is received on a mirror attached to the observer's forehead, from which it is reflected on to a small mirror which is introduced into the fauces of the patient, and from this mirror again the light is thrown down upon and into the larynx. The angle of incidence being equal to the angle of reflection, you have merely to place your mirrors in such a relation to one another as to secure the proper direction of the rays of light, and a perfect and distinct image of the parts illuminated will be visible on the small mirror.

The sun, at all events in London, cannot be relied upon at any hour of the day; and patients would not, even if the sun were always shining, present themselves when his rays penetrated a given locality. We therefore find it much more convenient to trust to artificial light altogether, and accordingly have recourse to a gas moderator, or, as you see here, a paraffin oil lamp, which are not amenable to the caprices of the weather.

It is well to darken the room in which you make your examination; but even this is not absolutely necessary if the light is protected by a convex mirror on one side, and concentrated by one or more lenses on the other. Various complex apparatuses have been devised for the purpose of intensifying the light. What you see here is an arrangement for which I received the suggestion from my friend, Dr. Johnson, and which has been most satisfactorily executed by Messrs. Elliot and Co. The lamp is a paraffin oil lamp, which gives a brilliant white light; on one side is a convex mirror, which reflects the light upon the lens opposite to it, and this, an ordinary bull's eye, concentrates the light upon the reflector. The lamp should be placed close to the patient's head, on either side most convenient to the observer, and so that the lamp and the patient's and observer's heads are in the same horizontal plane. The patient, sitting erect, should push his head back so as to straighten the neck and facilitate the introduction of the small mirror.

Before attempting to do this, the observer should first ascertain that the reflector is properly adjusted. If he finds that the mouth is fully illuminated, he may fairly conclude that he will be able to throw the light upon the fauces. Beginners generally find a little difficulty in adjusting the reflector, but this is speedily surmounted. Whether you place your mirror on your forehead, as recommended by Dr. Johnson, or whether you prefer to use it as I generally do, is a matter of little moment. Try both ways, and adopt the one you like best. The mirror I employ has, as you perceive, a central uncovered spot. It is an improvement upon the original mirror employed by the father of laryngoscopy, Professor Czermak, of which I show you a specimen. The one I recommend has a small universal joint, and, being placed a little distance from the eye, is much easier of adjustment. I admit that with Professor Czermak's instrument I had a difficulty in seeing through the central orifice, but with this modification I find it advantageous first to adjust the reflector so that I am enabled to see the fauces through the opening with the eye covered with the reflector, and then I am certain to have the proper axis for both eyes. After you have satisfied yourselves that the lamp and the reflector (which is fixed on the head by an elastic band passing over the forehead) are in the right position, tell your patient to open his mouth widely, to protrude the tongue, and to breathe freely. Some patients will permit you to see into their larynx without in any way fixing the tongue, but this is the exception. As a rule, it is necessary that the patient, or the observer, should take hold of the tip of the tongue with a handkerchief or towel, to prevent this "unruly organ" from slipping back. Without this precaution you very often fail in your endeavours to see below the epiglottis. Your next step, after having got your patient into the proper position, is to warm the laryngeal mirror. This is necessary, to prevent the vapour of respiration being precipitated on, and dimming the mirror; but take care not to overheat it. As a precaution, it is well to test the temperature by applying the back of the mirror to your own cheek.

Take hold of the stem of the mirror as if you were holding a pen; introduce it into the mouth without touching the tongue, teeth, or lips, sinking the hand at first, and then raising it gradually so as to allow the mirror to form a curve until it reaches the uvula. Almost the whole secret of the manipulation in laryngoscopy consists in this. If you touch the lips or teeth you tease the patient, but if you touch the tongue you are certain to excite reflex action, and the root of the tongue will arch up to impede your view. *Audacem fortuna juvat.* Push your mirror, after having passed the janitors, well against the uvula, and you will rarely meet with any serious impediment in getting a proper view of the larynx. An unsteady hand creates difficulties which need not exist, by bringing the mirror into contact with other parts than the uvula and soft palate. These are not very sensitive, but if you tease the root of the tongue or the arches of the palate, you infallibly excite reflex action, which will necessitate the withdrawal of the instrument. Having placed your mirror at an angle of about 45° with the horizon, it is well to rest the little finger of the right hand against the patient's cheek, by which means you will steady the instrument. You then secure a proper illumination of the laryngeal mirror, and by the necessary manipulation, which practice alone can teach, you successively examine all the parts exposed to view.

In making the examination and recording the facts observed, you must remember that you are looking into a mirror, which represents the parts in a different relation from their real position. The epiglottis, which in nature is turned from the observer, is represented as opening towards him; the base of the tongue, which is in front of the epiglottis, appears in the mirror behind it; and the vocal cords equally occupy in the mirror a reversed position from that which they really possess. As laryngoscopic illustrations represent the appearances as seen in the mirror, it is necessary to remember the true relation in order to understand the drawing correctly. The lateral relations will cause less difficulty than the antero-posterior relations. What ordinarily appears to our left or right in the subject of observation placed before us, still continues so. We readily make the necessary allowances here from the habit engendered by custom; but it is different in regard to objects placed in front of each other and reflected in a mirror, because for this our daily life offers us fewer precedents. Perhaps the easiest way to realise the position of the parts as seen in the mirror is to imagine yourselves looking at the epiglottis and vocal cords through a hole in the cervical portion of the vertebral column. These points will become more apparent if we briefly examine the diagrams and preparations which I have placed before you. To the beginner I would say, Make your first experiment upon a case in which you are informed there is no special difficulty; remember the rules laid down; bear in mind the anatomy of the parts and the direction in which you wish to carry the light; and, with a light and steady hand, you will scarcely fail, after one or two attempts, to see that which is ordinarily visible by the aid of this instrument.

Now, what are you to look for? The first point that always attracts the attention of the observer, after having got the light and the mirror duly placed, is the epiglottis. It is the Cape of Good Hope of the laryngoscopists, and it is at times a difficult matter, a very difficult matter, to round the Cape. You will find that it varies as much in form as the nose, and its position not unfrequently is so prone as to render a good view of the subjacent parts almost an impossibility. Then, too, in irritable persons it undergoes a variety of contortions and contractions, which give it a character for muscularity greater than anatomists show it to possess. Still, as a rule, it serves merely as a landmark anatomically and pathologically: anatomically, because its well-known relations tell you in what direction to look for more important organs; pathologically, because the appearance of the mucous membrane covering the epiglottis is often a valuable indication as to the state of the

subjacent parts. Examine the epiglottis carefully, the form, the colour, the attachments. It should be perfectly smooth, of a pale, yellowish-rose hue, and symmetrical. Look at the fossa formed by the front of the epiglottis with the base of the tongue, and note the state of any secretions upon or near the epiglottis. In disease you will see its colour varying from the dull white of anæmia to every shade of uniform, or streaky and patchy redness. It may present ulcers of varying size and depth; it may be deformed by old cicatrices or congenital malformation; tumefaction from inflammatory or œdematous thickening of the mucous and submucous layers may present itself; and it may exhibit extravasations of blood, or be more or less bathed in pus, or covered with a mucous secretion. Similar conditions may be discovered in the glotto-epiglottid fossa or on the glotto-epiglottid folds. In order to see the parts subjacent to the epiglottis, you will have to depress the handle of your mirror somewhat, so as successively to illuminate the posterior surface of the epiglottis; the arytenoid cartilages, with the corpuscula Santorini and Wrisbergii; the superior thyro-arytenoid folds, or the false vocal cords, as they are also called; and by turning the mirror laterally you will examine the right and left sides of the introitus laryngis, and especially the state of the ventricles of the larynx. These are cul-de-sacs intervening between the vocal cords proper and the superior thyro-arytenoid folds. The state of the ventricles has an important bearing on the production of the voice, inasmuch as their patulousness is essential to the free vibration of the vocal cords and the due production of voice. If the mucous membrane of the ventricles is swollen, the pitch and sonorousness of the voice is interfered with, and the more the pouch is obliterated the greater will be the interference with phonation. It is here that various secretions form and accumulate, and you will readily understand why these should more or less affect the voice, as they present obstacles to the passage of the air, or diminish the vibrations of the aerial pulse. If the secretions are viscid, you may at times be puzzled by strings of mucus extending across the entrance of the larynx, closely simulating the vocal cords themselves. Little patches of secretion may also simulate ulcers. The sponge or brush will readily remove such secretions, and show the condition of the subjacent membrane. The ventricle, moreover, as in the case of E. G——, whom I have already exhibited to you, and whom you will have further opportunities of examining, are the frequent seat of morbid growths. All these points having been noted, you seek the vocal cords themselves.

In a healthy larynx the vocal cords stand out, with a clear pearly sheen which is peculiarly characteristic. Once seen, the appearance is not to be forgotten; and you will often, in doubtful cases of laryngeal disease, rejoice at recognising this striking feature, because it will prove that the most important part involved in phonation (so far as the larynx is concerned) is healthy. The vocal cords, or inferior thyro-arytenoid ligaments, are mainly composed of yellow elastic tissue, but are endowed with the most marvellous capability of minute vibratile adjustment, subject to the controlling power of the will, exercised through the arytenoid, thyro-arytenoid, crico-arytenoid, and other muscles. It has been calculated that no less than one hundred muscles* are brought into action in the ordinary modulation of the voice, but the note which is uttered depends upon the exact degree of tension of two ligaments, at the utmost seven lines in length,† which is mainly determined by the two sets of muscles mentioned. You will have a measure of the minuteness of this adjustment when you reflect that a practised singer is capable of uttering three hundred different notes at will, for each of which on this minute vibrating cord a different stop must be applied.

The vocal cords are covered with mucous membrane, distinguished from the mucous membrane of the rest of the larynx, which is ciliated, by being squamous.‡ This mucous membrane overlies the elastic tissue of the cords, and is liable—though to a much less extent than the mucous membrane in the vicinity—to congestion and the various morbid changes which are seen in this tissue elsewhere. An accurate knowledge of the anatomy and physiology of the parts will enable you more fully to appreciate the importance of minute shades of difference in the appearance of the parts. A roughness of the surface or a discoloration which would lead to no palpable results elsewhere, here affects the comfort, the occupation, the life of the patient, and is therefore well deserving the study of the practitioner by any additional physical means that may be placed at our disposal. Here, too, we have a good illustration of the difference between vital morbid conditions and the condition of the same parts as seen after death: a difference that you should always bear in mind, as you may otherwise easily be misled into a wrong interpretation of the phenomena presented on the post-mortem table. If you had merely seen the interior of a larynx removed from the body, you would scarcely anticipate the marked contrast that exists in life between the vocal cords and the adjacent parts, nor would it be possible satisfactorily to determine the mode in which the variations of sound are produced by the vocal cords. You will find that there was much uncertainty as to the theory to be adopted regarding vocalization even in Muller's time; and it was not until after the practical introduction of the laryngoscope by Czermak that the study became satisfactory and the conclusions definite. If I name Czermak, it is not because I do not appreciate the labours of others in this field; but whatever others have done, he certainly has compelled us all, by the demonstration of the comparative facility of laryngoscopic examination, to make it a part of our medical studies.

It would be an injustice, in speaking of the subject, not to mention the name of M. Garcia, a well-known singer and amateur physiologist, who established by laryngoscopic examination much that is now known as to the physiology of the larynx before Czermak had made known his method; but the pearl that M. Garcia discovered was not appreciated by our profession, and therefore, so far as the medical world are concerned, laryngoscopy remained an unknown quantity until the appearance of Czermak's monograph.

It is not my object at present to do more than to interest you in the practical employment of the laryngoscope in the recognition and treatment of disease; therefore I do not attempt to lay before you an account of laryngeal physiology—a branch of science which is capable of further development, and which some of you may feel called upon to promote. Allow me yet to revert to a few points connected with the pathology of the larynx, to which I would draw your attention, as illustrating the value of this mode of investigating disease. The practical examination of the numerous cases that present themselves in our hospital will serve to impress upon your memory and comprehension more vividly what I now merely show you *veluti in speculo*.

I have spoken of various morbid changes seen in or near the vocal cords, showing increased or diminished vascularity, congestive or œdematous swelling, ulceration, cicatrices, growths, all of which I have myself seen. If you consider the muscular and nervous functions of the parts, you will expect to see these also materially affected by disease. The *plus*—evidenced by spasm—is not likely to be very visible, because it will not leave you time for anything but immediate action to relieve your patient; but the *minus* of paralytic conditions is frequently observable in the irregular action or want of action of one or both vocal cords. It is here that stimulation, and notably the direct application of galvanism, is often of palpable benefit. And you will not examine many larynges before you will satisfy yourselves of the perfect facility with which you may direct the galvanic current, as well as any other medicinal application, to any given part of the larynx. This of course can only be learned by practice, and when the patients are before you; therefore I confine myself to exhibiting some of the apparatus suitable for topical applications, and leave the detail of treatment to clinical demonstration.

I have not, however, quite done yet. You may see further than the vocal cords. Their under surface can at present only be examined when there is a hole in the trachea, and at least one instructive instance is on record where this mode of exploration was practised with much benefit to the patient. But these are refinements of practice upon which it is unnecessary to dwell. I now merely speak of the ordinary employment of the laryngoscope, and I wish to remind you, that having explored the entrance to the larynx and the vocal cords, you should examine, as far as may be, the trachea. It is generally easy to recognise several rings of this tube, and you may, when the larynx is capacious and the patient steady, penetrate to the very bifurcation of the trachea. The only morbid condition that I have definitely recognised in the trachea have been scattered ulcers; but it is manifest that, especially in those cases in which foreign bodies have slipped through the glottis, the discovery of their exact site by the laryngoscope may, as it already has been, prove of great practical value to the surgeon.

There is no better mode of initiating yourselves into the practice of laryngoscopy than to examine your own larynges,

* Article "Voice," in the Cyclopædia of Anatomy and Physiology.

† The whole length of the aperture of the glottis when open is eleven lines, of which the posterior part between the arytenoid cartilages and their anterior process measures four, and the anterior part between the vocal cords seven lines.

‡ Kölliker, Histol., ii. 162.

or those of your fellow-students. By this kind of exercitation you will familiarize yourselves with the use of the instrument no less than with the healthy condition of the parts. M. Garcia's interesting observations were entirely the result of examination made upon his own vocal cords, and as there is room for a further cultivation of this field of physiology, each of you may be enabled to advance science in this direction. But apart from this, the mere dexterity of manipulation will be increased by the practice recommended, and if you know from experience in your own persons how to behave, you will more readily advise your patients what to do, and sympathize with their difficulties. Not every one, however, is a suitable subject for autolaryngoscopy: the narrowness of the introitus laryngis and the prone position of the epiglottis, no less than an unusual irritability of the parts, frequently render the process extremely difficult. Various methods have been suggested for the removal of undue irritability, such as the inhalation of small quantities of chloroform, the application of bromide of potassium, or the use of astringent gargles. Every now and then, even after you have acquired sufficient dexterity in the use of the instrument, you will meet with cases which present insuperable difficulties. You are then no worse off than your predecessors were without the laryngoscope. You will have to fall back upon those other symptoms which your knowledge of physiology and pathology will teach you to appreciate, and which this instrument is not intended to supersede.

With these remarks I must conclude. Pray do not imagine that I have exhausted the subject. I have merely tried to put before you evidence to convince you that laryngoscopy merits your serious attention, whether you regard it as a means calculated to advance physiology, pathology, or therapeutics. It has, as I said in my opening remarks, helped to remove one more of the *opprobria medicinæ*, and to substitute for the guesses of the dogmatist the clearer light of positive demonstration. That an improved diagnosis ensures better treatment is self-evident, but I hope that we may have many opportunities in the wards of testing this proposition to our own satisfaction, no less than to that of our patients.*

ON

EXCISION OF THE WRIST FOR CARIES.

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(*Concluded from page* 338.)

ONE or more sinuses may remain open for a long time, just as after excision of the elbow-joint, without anything being wrong with the bones; as, for example, in the case of Margaret W—— (Case 2), in which they did not finally close for more than a year after the operation. Or, again, the persistence of sinuses may depend upon small exfoliations, and these may prove extremely slow in separating. This may be illustrated by

CASE 7, that of James M'G——, sixteen years of age, whose right wrist I excised on the 21st November, 1863, on account of disease of spontaneous origin, which had attained to much the same exaggerated degree as in Helen M—— (Case 4), and presented similar apparently hopeless appearances: the hand, greatly swollen and discoloured, and with numerous sinuses and a gray palmar sore, hanging helpless at an angle of about sixty degrees, with the fingers stiff and clawed. The radius and ulna were very freely resected, and it was necessary to apply the gouge to the third and fourth metacarpal bones on account of extension of the disease below their bases. All went on well after the operation, except that a sinus remained in each line of incision, and a probe introduced into that on the ulnar side passed down to bare bone of irregular surface. This made me fear a return of the disease; but, as the wrist was growing firm and the hand useful, I did not interfere, and after the lapse of ten months a small exfoliation escaped from the ulnar aperture. The probe, being then introduced, no longer came in contact with any bone; and now, three months later, the sinus has become reduced to an almost invisible aperture, which yields only a minute drop of limpid liquid, while the new joint at the wrist is all that can be desired both in firmness and flexibility.

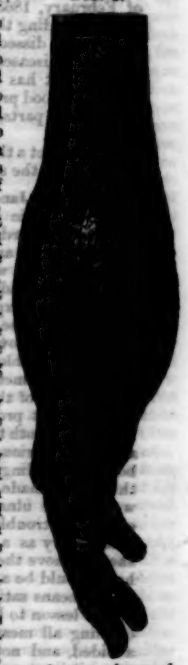
Hence so long as swelling and discharge diminish, and the strength of the hand increases, no interference is called for. But should the opposite conditions present themselves, recurrence of the disease must be suspected, and the part must be submitted to a thorough exploration, which should not be too long delayed, since caries re-appearing at a limited spot will spread in time to all the bones.

This course I have found it necessary to adopt in more than one instance, as, for example, in the following case, which was in some respects the worst I have had to deal with.

CASE 8.—MRS. C——, aged twenty-five, a married woman, came to the infirmary for the purpose of having her right hand amputated, on account of spontaneous disease of the carpus of two years' standing, attended for eighteen months with constant discharge, and for the last six months with such severe pain as to deprive her to a great extent of her nights' rest, while the effect upon her general health was marked by her wasted and sallow aspect, impaired appetite, and rapid pulse.

Some idea of the appearance of the wrist may be gathered from the accompanying illustration (Fig. 6), taken from a photograph, and also from the fact that the wrist measured nine inches and three-quarters in circumference, whereas the sound one was slender both from natural conformation and from emaciation. The surface of the swollen part was studded with eight sinuses, through which the probe could be passed down to diseased bone in the forearm, the carpus, and the metacarpus. The hand drooped when the arm was extended, and the fingers were entirely useless. On the 8th of June, 1864, I performed the operation, which proved very laborious on account of the condensation of the soft parts and the extraordinary enlargement of the radius from inflammatory hypertrophy, which made it impossible to protrude it as usual at the ulnar incision for the application of the saw, while its texture was so hard as to require considerable force with the most powerful cutting pliers to divide it.

FIG. 6.



For seven weeks all went on perfectly well, so that at the end of that time the circumference of the wrist was diminished by an inch, and she could readily pick up a light object with the finger and thumb of the unsupported hand, which drooped but slightly below the horizontal level. She was also quite free from uneasiness, and her general health was greatly improved. Unfortunately, however, the sores, which were previously healing kindly, were now attacked by hospital gangrene; and though this was checked in about five days by the application of nitric acid and other measures, the previously satisfactory progress was no longer observed; and, when a month had elapsed without improvement, I resolved to investigate the cause. Having put her under the influence of chloroform, I opened up the line of the ulnar incision, and, finding the end of the ulna again carious, removed it with pliers; but was pleased to find, on introducing my finger into the cavity that still existed, that the large cut surface of the radius was smoothly covered with granulations, as also were the ends of the metacarpal bones. I therefore brought the edges of the incision together by stitches, except a part sufficient for the escape of discharges, and placed the limb again upon the splint. From that time forth she has advanced satisfactorily; and when she last came from her native town to see me (Dec. 1864), the discharge had almost entirely ceased, the swelling was greatly reduced, and although the end of the radius was still very large, and the wrist measured eight inches and a quarter in circumference, the border of the bone was to be felt immediately beneath integument of normal thickness and consistence, and the hand had a thoroughly natural appearance. She could extend it unsupported without any droop, and even raise it above the level of the forearm by muscular effort. She had discarded the sling, and, by help of a light splint, found the hand of much use to her, the movements of the thumb and fingers being very satisfactory.

In this case return of the disease appeared to be produced by an attack of hospital gangrene, and I am inclined

* At the conclusion of the Lecture Dr. Sieveking exhibited a variety of instruments employed for the treatment of diseases of the larynx.

to attribute to the same cause a similar occurrence in the following instance.

CASE 9.—Alexander C——, aged eighteen, a calenderer, was affected with spontaneous caries of the ulnar side of the right carpus, for which I performed excision of the wrist on the 22nd of July, 1864. Four days afterwards the ulnar incision was affected with hospital gangrene, which was subdued in the course of a few days by local treatment. The hand then progressed very favourably up to a certain point, and in a few weeks he could freely flex and extend all the joints of his fingers, which before the operation he could scarcely move, and had perfect use of his thumb and a strong wrist. The ulnar incision, however, refused to heal completely, and the soft parts in the vicinity continued thickened, and towards the close of the year the swelling there appeared to be on the increase. Suspecting some return of the disease, I opened up the ulnar incision on the 2nd of December, but could not find anything amiss. The wound, however, continued remarkably languid, making in three months scarcely any progress in healing; and at length, on passing the probe down to the pisiform bone, I felt it bare and rough. Accordingly, on the 28th of February, 1865, I put the patient under chloroform, and, after extending the incision sufficiently to gain access to the pisiform, I dissected out the whole of that bone, which was the only diseased part that I could discover. During the month that has since elapsed, the healing, so long delayed, has made good progress, and as there is now no discharge from the deeper parts, I hope to see the hand before long soundly cicatrised.

There is yet a third case with which hospital gangrene appears to have had the same relations.

CASE 10.—Jane S——, aged twenty-three, a millworker, with idiopathic caries of the right carpus, had the wrist excised on the 23rd of March, 1864. For two months and a half the appearance and power of the hand promised an excellent result, when it was seized with hospital gangrene, and from that time it gradually deteriorated, till at length, on the 26th of August, I explored it under chloroform, and found very extensive disease in both bones of the forearm and in the metacarpus. I removed with cutting pliers the affected parts, so far as I was able to judge of their extent; but I omitted to examine the metacarpal bone of the thumb, and, whether in consequence of this or not I will not pretend to say, the operation did not prove successful; and on the 29th of January, 1865, being loth to sacrifice the hand, I re-excised a second time, and found carious disease again present in the ends of all the bones, including the metacarpal bone of the thumb, which this time I made a point of examining, reopening the radial as well as the ulnar incision. The operation, however, was an extremely troublesome one, and far from being as definite and satisfactory as a primary incision; and even now, although she can move the thumb and fingers, and it is evident that the hand would be a thoroughly useful one if it would heal, I feel by no means satisfied that it will do so.

The lesson to be learned from such a case is the necessity of using all means by which recurrence of the disease may be avoided, and not too long delaying exploration of the wrist when it is suspected.

It remains to say a few words regarding the mode in which the new joint at the wrist is produced. It appears that the bones of the forearm and of the metacarpus become approximated, partly by shortening of the limb and partly by the growth of new osseous material from their divided ends; and I find that, as a general rule, about half an inch in length of new bone is formed, and that the rest is effected by shortening. The new bone appears to be generally developed in about equal proportions from the radius and ulna and from the metacarpus, but sometimes in an irregular manner. Thus in two instances I have observed a process grown from the ulnar side of the radius, and received between two lateral portions from the metacarpus, so that a secure joint on an entirely new principle was the result.

With proper care on the part of the surgeon, perfect symmetry of the hand can be always ensured; for the radius and ulna above, and the metacarpus below, being divided in parallel lines, the shrinking of the new material between them draws the hand equably upwards towards the forearm. In this respect the operation above recommended has a great advantage over any partial procedure in case of disease apparently confined to one side of the carpus, independently of the paramount consideration of its greater security of eradicating the caries. And any scruple which I might once have felt in recommending total excision for limited disease has been entirely removed by the usefulness of the hands which have been subjected to it.

It will no doubt appear desirable that I should allude, however briefly, to the rest of the cases that have come under my care. They are five in number, and include some of the best and some of the worst. Among the former is to be mentioned, first, my last case, that of E. P——, aged thirteen, a strumous girl, whose right wrist was excised on the 27th of November, 1864, for caries limited to the lower and outer part of the carpus and the base of the second metacarpal bone, which appeared to be affected with tubercular deposit. The hand had been useless for a year, but is now already useful as well as sound and of perfect shape, with better movements than in any former case at the same stage.

Next is James B——, aged twelve, with disease of the left wrist, limited to the lower and ulnar side of the carpus and the fifth metacarpal bone, which was enormously thickened and diseased in its interior throughout almost its entire length. Rest and constitutional treatment having been tried in vain for five months, I proceeded to operate on the 14th of August, 1864, and, instead of adopting what would, I believe, be the usual course (amputation of the little finger and its metacarpal bone, with the probability of the disease continuing in the carpus), I excised the wrist, leaving the little finger, though it was necessary to drill its metacarpal bone into a tube with the gouge. He has now a beautiful and most useful hand, which is constantly increasing in strength, though there still remains a sinus over the base of the fifth metacarpal bone, from which a small exfoliation recently escaped.

Third in order must be placed Andrew C——, aged nine, with disease of the left wrist of eight months' standing, and in so severe a form as to call for immediate treatment. The caries extended from the forearm to the metacarpus, and had produced great destruction in the carpus. The operation was performed on the 26th of November, 1864, and the result has been very satisfactory as regards the improvement in the general health, the strength of the wrist, and the mobility of the thumb and fingers. But there have remained hitherto (four months) two small sores unhealed, and these within the last few days have been affected with hospital gangrene. This has, however, been checked by the application of carbolic acid, and I hope has not penetrated to the bones.

Lastly, I have to record two deaths. Neither of these, however, was directly connected with the operation. One of the patients, Alex. S——, a stonemason, aged forty-six, the first I operated on, was in truth not a fit subject for excision, except as a means of relieving him of the agonizing pain which he endured from disease of the right wrist; for he was affected with advanced phthisis as well as other complaints, and died of these seven weeks after the operation, which, however, had made him free during the interval from his previous suffering.

The other fatal event occurred also in one of my early cases. The patient, Niel C——, aged twenty-one, had the right wrist excised on the 4th of July, 1863, for extensive strumous caries. But, in consequence, as I suppose, of the imperfection of my first mode of operating, the disease recurred, and, after waiting in the vain hope of improvement for about six months, I explored the bones and performed re-excision. A few weeks later—namely, on the 28th of February, 1864, a spot of redness appeared on the forearm, about midway between the wrist and elbow, and next day he had a severe rigor. I was at once called to see him, and, finding evidence of inflammation of a superficial vein leading upwards from the red spot to the elbow, I thought there might be a chance of arresting the pyæmia in its outset by amputating the arm, which I did about three inches below the shoulder, within an hour and a quarter of the occurrence of the first rigor. On examining the veins, I found a mixture of pus and blood in the vessels of the forearm, while those of the arm appeared quite sound. Sulphite of potash, in ten-grain doses, was now administered every three hours, with the view of counteracting the poisonous effect of any septic matter already introduced into the circulation, and this was continued till the 5th of March. After this time he improved for several days in general health, while the stump was progressing favourably; but just as I was congratulating myself on a cure of pyæmia, pulmonary symptoms appeared, and carried him off on March 23rd, twenty-three days after the amputation. Whether the affection of the lung was an aggravated condition of the phthisis under which he laboured, or an unusually remote effect of the pyæmia, I unfortunately had not the opportunity of ascertaining by post-mortem examination.

In no instance have I been troubled with secondary hæmor-

rhage or any other bad symptom immediately referable to the operation, which appears to be a peculiarly safe one.

A general review of the cases above related may be stated shortly as follows. I have excised the entire articular apparatus of the wrist in fifteen patients. Of these, two have died of causes independent of the operation, and of the remaining thirteen, one is in an unsatisfactory condition, but not hopeless, two afford good hope of a satisfactory termination, which in the remaining ten may be said to have been already arrived at.

On comparing these results with those of previous practice, bearing in mind that the cases include all varieties of carious disease, sometimes in the most aggravated form ever likely to be presented, and also that they have been treated under the disadvantages of hospital atmosphere, so that I have had to contend in no less than six instances with hospital gangrene and in one with pyæmia, it will, I trust, appear that the principles which have guided me are sound, and afford the means of removing one of the greatest opprobria of modern surgery.

Glasgow, March, 1865.

NEW SEA-TANGLE TENT.

WITH OBSERVATIONS.

By ROBERT GREENHALGH, M.D.,

PHYSICIAN-ACCOUCHEUR AND LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN AT ST. BARTHOLOMEW'S HOSPITAL, ETC.

IT is not my intention in the present communication to enter into the relative merits between dilatation and division of the cervix uteri, but, assuming that in certain cases the former is preferable to the latter, to bring before the notice of the profession what I consider the most eligible tent yet introduced.

It is to the surgeon we are originally indebted for the use of sponge-tents, which, being much improved by Messrs. Duncan and Flockhart, have been within a comparatively recent period adopted by accoucheurs for dilatation of the cervix uteri. Considerable disadvantages have, however, attended the use of sponge as a tent, amongst which may be enumerated the extreme uncertainty of its dilating power, dependent partly on the quality of the material employed, partly on the care expended in its manufacture; its want of firmness where the canal is small, and any amount of resistance has to be overcome; the rapidity with which it becomes soft and doubles up during attempts at introduction; the absorption of the secretions, and consequently its extreme fetidity after a few hours' contact with the living structures, alike annoying to the patient and attendant; the ease with which the string or tape tears through the sponge when any amount of force is required for its extraction. These are a few of the objections which have induced myself and others to give up the use of sponge-tents. A very limited trial of the gentian root convinced me that it was quite worthless as a tent.

To Dr. Sloan, of Ayr, is due the credit of having first directed the attention of the profession to the dried stem of sea-tangle (Laminaria digitata) as a substitute for tents in ordinary use, and it is upon that substance I now wish to offer a few practical suggestions. It possesses the following advantages:—It is extremely abundant, cheap, can be easily worked, is cleanly, and possesses considerable dilating powers; its chief disadvantages being, its extreme hardness, the slowness of the dilatation, its imperfect absorption of those secretions which are prevented escaping from the uterus, and the difficulty of introduction by any instrument hitherto devised. Through the centre of a piece of laminaria, two inches and a quarter to two inches and a half in length, and of convenient thickness, a hole is bored longitudinally. Thus a tube is formed, giving peculiar advantages. At one end the tent is rounded off for facility and safety of introduction; at the other a small hole is pierced, about a quarter of an inch from its extremity, through which a loop of Chinese silk is passed, and secured by a knot. Thus the disadvantages formerly experienced are overcome. By means of the canal the introduction is greatly facilitated, for into its lower segment a somewhat flexible and gradually tapering metallic stem can be inserted. Its rapidity of expansion is also greatly increased, for the warm water in which it may be placed for some time prior to its use now coming in contact with both its external and internal surfaces renders it less hard for introduction, while it favours its more rapid expansion. Through the canal the secretions of the uterus can readily escape, for the hole increases in diameter proportionately with the expansion of its walls, which is in no way interfered with by the string attached to the side. Nor is the string liable to burst by the tension caused by increase in the size of the wall, for the enclosing loop may be of any size, or even the two ends need only be tied together. The lengths and diameters of these tents must be varied according to the size of the uterus and the amount of dilatation required. A very little practice will be sufficient to convince the most sceptical that the laminaria, used as I have suggested, possesses all the advantages without one of the disadvantages of the ordinary sponge-tents. Moreover, thus prepared, it may be retained in the cervix uteri for two or more days, and its central opening, which dilates with the expansion of the substance of the tent, I have used as a means of introducing various substance into the body of the uterus. Upon this subject, however, I must defer any observations until my results have been tested by larger experience.

In cases where the uterus is more or less sensitive and dilatation is needed, I have found the hot hip-bath, with copious warm water vaginal injections, either with or without some sedative, not only favour more rapid expansion of the tent, but greatly relax the resisting tissues, and allay irritation. Occasionally I have prescribed an anodyne, or used sedative vaginal or rectal suppositories for the same purpose. In event of the pain becoming very acute, and especially if accompanied by vomiting or febrile disturbance, I have usually recommended the patient to send for me, or withdraw the tent herself. If the patient be of a very sensitive nervous system, especially if prone to hysteria, I generally prefer to leave the extraction to her own discretion, apprizing her beforehand that she will be sure to suffer pain, but to bear it if possible. By such a course I almost invariably find that the tent has been retained, and it has never yet been my misfortune to see any evil result.

In cases of obliquity I generally first introduce a modified Thompson's urethral dilator into the uterus, replace that viscus, and dilate to a greater or lesser extent, which facilitates the passage of the tents.

One word with reference to the dilatability of the laminaria. I have in my possession specimens by which I have dilated the internal and external os uteri sufficiently to enable me to introduce my finger into the body of the uterus, and I have been informed by an American and an Australian, that in their countries specimens of the stalk of the sea-tangle are to be met with sufficiently large to dilate even an ordinary-sized vagina. If such prove to be the case, I can see no limit to the value of this agent as a dilating power. The tents above described may be procured of Messrs. Weiss and Son.

Grosvenor-street, April, 1865.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GREAT NORTHERN HOSPITAL.

CALCULUS IN THE BLADDER OF AN OLD MAN; SUCCESSFUL LATERAL LITHOTOMY.

(Under the care of Mr. THOMAS SMITH.)

THE five cases of stone which follow include those of an adult of seventy-three years, three children, and a lad of fifteen years. Lithotomy was performed in all these cases by Mr. Thomas Smith, with recovery in each instance. They have not been selected as cases of good result, but occurred successively.

William F——, aged seventy-three, a healthy-looking but rheumatic old man from the country, was admitted in January, 1860. He had been suffering for four years from symptoms of stone. Latterly he has had severe pain during micturition, and has passed a good deal of blood. On admission, the urine was slightly acid, and contained not more albumen than was accounted for by the presence of blood in the urine. On passing a sound into the bladder it struck a stone when pushed in to its full length. The bladder was apparently constricted midway between the prostate and its fundus, its whole cavity being very large. The prostate was healthy, the urethra capacious but very irritable, and the stone seemed to be a large one. After a day or two of rest in bed the albumen entirely disappeared from the urine.

Taking into consideration the size of the stone, the soundness of the patient's constitution, and the irritability of the mucous membrane of both urethra and bladder, Mr. Smith performed lithotomy in preference to lithotrity on the 19th of January. The stone was removed by the ordinary lateral operation, a very small incision being made in the prostate. The stone was formed of lithic acid, it measured an inch and three quarters by an inch and a half, and its weight was nine drachms and a half. The urine from the time of the operation partly flowed away through the penis, and, five days after the operation, only a drop or two escaped by the wound. On the third day a pretty sharp attack of peritonitis set in, which put his life for a time in some danger. He was discharged a month after the operation well, and is at the present time alive and in good health.

HOSPITAL FOR SICK CHILDREN.

THREE CASES OF STONE IN THE BLADDER, REMOVED BY LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. THOMAS SMITH.)

Thomas K——, aged two years and a half, an exceedingly rickety child, was admitted in 1863, suffering with symptoms of stone. The bones of the head were imperfectly ossified; the thorax presented a marked degree of collapse along the line of the junction of the ribs with their cartilages; and the child's respiratory powers were very deficient. The symptoms of calculus were very urgent, and gave the child great distress. The stone was removed by the ordinary lateral operation, there being some difficulty in introducing the finger and forceps into the bladder, owing to the extreme narrowness of the pubic arch from rickety deformity of the bones. The child recovered without any bad symptoms, though the wound in the perineum would not completely heal until after the child had been circumcised. The stone in this case was phosphatic, and measured one inch by three quarters of an inch.

George D——, aged four years and four months, was admitted in March, 1864. He was a fat sturdy-looking boy. The symptoms were very urgent, and had existed for twelve months. The week before admission a small stone had been passed per urethram. The ordinary lateral operation was performed, and a small uric-acid stone was removed. The child's convalescence was retarded by the formation of an abscess in the scrotum, and by the severity of the cystitis which existed at the time of the operation. Three months afterwards, however, he came to the hospital in good health.

Henry W——, aged four years, a pale, delicate-looking child, who had suffered for two years with symptoms of stone, was admitted in June, 1864. During the previous six months he had passed blood frequently with his urine. Shortly before admission he had both whooping-cough and measles; and he had from time to time been liable to fits. The child was kept in the hospital under appropriate treatment to see if he would recover his health and strength; but he seemed unable to rally, and failed to gain ground under the suffering and constitutional irritation which his disease entailed. On July 2nd, therefore, the stone was removed by the lateral operation. The bleeding was rather more free than usual, but it ceased spontaneously ten minutes or a quarter of an hour after the operation. Next morning early he was seized with violent convulsions, followed by a profuse sweating, which left him tremulous and agitated for the rest of the day. Towards evening he was again attacked with convulsions, but less severe than those in the morning. The child could hold his water and pass it at will through the wound. There was no abdominal tenderness, but he looked very ill, and required the continual administration of stimulants in large quantities. On the evening of the third day after the operation blood began to ooze from the wound, and soon afterwards a large clot was passed. A tube surrounded with a conical plug was introduced, which controlled the hæmorrhage for two days, when, the plug getting loose, the bleeding again came on very freely. The plug was changed for a larger one, and this again stopped the bleeding for a period of two days, when it recurred as freely as before. A plug adapted to the increased size of the wound was introduced, and this was allowed to remain in six days; on its removal the wound began to granulate, and in a month from the time of operation the urine all passed through the urethra.

The recovery of this child was to be attributed in a measure to the power of taking food and stimulants, which he possessed in a remarkable degree; but most of all to the assiduous and judicious care of one of the lady nurses of the institution, who throughout his illness scarcely left his bedside.

The stone in this case was formed of uric acid, having a thin coating of triple phosphate. It was a small oval stone.

The child was discharged six weeks after the operation, and a week or two afterwards he was brought to the hospital better in health than he had been for some time previously.

ST. BARTHOLOMEW'S HOSPITAL.

CALCULUS IN THE BLADDER; LATERAL LITHOTOMY; RECOVERY.

(Under the care of Mr. H. COOTE and Mr. THOMAS SMITH.)

JAMES D——, aged fifteen, a pallid-looking boy, was admitted in January last, under Mr. Coote's care. He had suffered with symptoms of stone as long as he could remember. The urine was light-coloured, acid, and contained a little blood. The stone when struck felt extremely hard and heavy.

Jan. 21st.—In Mr. Coote's absence, the stone was removed by Mr. Thomas Smith, the ordinary lateral operation being employed.

31st.—The urine begins to pass through the urethra.

Feb. 9th.—The boy has had no untoward symptom. The urine now passes almost entirely through the urethra, and the wound is nearly closed.

The stone removed from this patient consists of oxalate of lime, is globular in shape, and weighs rather more than six drachms.

MIDDLESEX HOSPITAL.

A CASE IN WHICH THE SAME PERSON WAS TWICE INFESTED WITH GUINEA-WORM.

(Under the care of Mr. C. H. MOORE.)

A SPARE but healthy man presented himself Jan. 9th, 1865, to Mr. Hulke, among the out-patients, with an abscess pointing behind and above the right internal malleolus. Being acute and painful, the abscess was at once opened, when a loop of a ribbon-like body, slender, white, and translucent, protruded with the pus, and was immediately recognised as a part of a guinea-worm. The man was admitted into the hospital under the care of Mr. Moore.

The patient had been a soldier in Bengal during the mutiny, and had also been in the jungle in the Bombay presidency. In one of these places a worm had entered his left foot, and it was extracted from him by a native in 1861. The process of removing it occupied about six weeks, and when removed it measured six feet in length and was thought to be entire. No suppuration ensued; the orifice through which it came away quickly closed, leaving a scar on the dorsum of the foot near the little toe. In May, 1864, he left India and returned home, and he continued perfectly well until a fortnight before his admission into Middlesex Hospital, when the abscess containing the second worm began to form in his right leg.

The protruding loop of the worm was found to be loose at one end, and when drawn out was not pointed, but abrupt, as if it might have been divided by the knife when the abscess was opened. It showed no spontaneous movements, and no tendency to withdraw itself into the leg was noticed in the short time during which it was left loose. Its hold upon the tissues was too firm for it to be forcibly disengaged; but it was elastic and strong, and bore any moderate tension. The end of it was coiled round a piece of bougie, and kept on the stretch by repeatedly winding and then strapping the bougie to the skin. Throughout the period of traction upon the worm, the

man was conscious of frequent creeping movements in the part of the leg which was drawn upon. In the course of twelve days the animal loosened its hold and came away. It measured nearly thirty inches.

In a few days a small superficial abscess formed in the skin below the malleolus. Its centre whitened and became shallower than the margin, and then opened, discharging a little pus, but no part of the worm appeared in it. The orifice from which the worm had been taken contracted, and seemed likely to close, when swelling took place in the deep tissues behind the lower half of the tibia and on the inside of the foot, and a second abscess formed behind the internal malleolus. The first opening was enlarged, and found to be connected with a deep unhealed cavity beneath the fascia. The recent abscess was opened, and thick pus was let out. No visible fragment of a worm escaped by either of these openings, and no loop of the worm could be hooked out through them with a bent probe; but with the microscope many long broken fragments, split and lightly streaked or crumpled longitudinally, like vegetable fibre, as well as some curved and coiled unbroken bodies resembling the young of the dracunculus, were found in the discharge from the first opening. The former were thought to be fragments of the exterior of a portion of the worm which had been cut off and had died in the tissues, and the latter to be its larvæ. To the presence of such dead portions of the worm in the tissues the suppuration in the limb appeared to be due; and as the young do not become sexually mature or breed within the human body, these discharges seemed to ensure the recovery of the patient.

By the 20th of February the abscesses had healed, the thickening of the deep tissues of the limb had much diminished, the man was able to walk, and he was discharged.

WESTMINSTER HOSPITAL.

EXTENSIVE LACERATED WOUND OF SCALP, FOLLOWED BY MENINGITIS AND SUPPURATION OF THE ARACHNOID OVER THE LEFT CEREBRAL HEMISPHERE, AND LOSS OF SPEECH.

(Under the care of Mr. HOLTHOUSE.)

THIS case is placed on record, not on account of its presenting any peculiarity, but with the view of adding one more fact illustrative of the connexion between loss of speech and lesions of the left cerebral hemisphere.

M. D——, aged forty-six, bricklayer's labourer, was admitted on the 18th of November for an extensive lacerated wound of the scalp, produced by the fall of a wall. A large flap which extended from the forehead to the occiput, and laterally into each temporal region, completely laid bare the bones to the same extent. There were no symptoms of concussion or compression, and the patient, a remarkably quiet and unexcitable man, went on very well for some days, and bid fair to make a good recovery. On the 29th, however, he had a prolonged rigor, followed by heat and perspiration, and the pulse, which had hitherto ranged between 70 and 80, was now 96. The wound continued to look perfectly healthy, and the pus was of the good laudable kind.

Nov. 30th.—The patient makes no complaint of pain anywhere, and does not look ill, but confesses to having some headache when asked. The wound likewise continues healthy-looking; but his pulse is 96 to 98, and he has had a repetition of the rigors. Mr. Holthouse remarked to the students on the extreme gravity the case had assumed; and, notwithstanding the absence of any marked untoward symptoms, and the continued healthy appearance of the wound, he diagnosed intracranial suppuration, and gave an unfavourable prognosis.

Dec. 1st.—Still makes no complaint, except of a slight headache, and the wound continues healthy-looking, but his general appearance is unfavourable: he looks pale and ill, the tongue is furred and inclined to be dry, the lips livid, and the pulse small and feeble.

2nd.—Lies in a state of sopor, but can be roused from it, and understands what is said to him, but makes no effort to answer questions, though he looks intelligently, and evidently comprehends what is said: thus, he put out his tongue when told to do so, and stretched out his hand when told. There is no paralysis of the limbs or face, and his motions are not passed under him; wound still looking healthy, though stationary; pulse very feeble, frequent and intermittent.

3rd.—Sopor increased—cannot be roused; pulse 120, small and feeble, but not intermittent; had several convulsions in the course of the day, affecting the right side of the body.

4th.—Died at twenty minutes past twelve P.M., the convulsions continuing to recur at intervals.

Post-mortem examination.—In the examination of the head, which was all that was permitted, pus was found in the cavity of the arachnoid over the whole of the left cerebral hemisphere, and a small quantity also existed between the dura mater and the bone in the same situation; none extended over the right hemisphere or into the cerebral substance.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 28, 1865.

DR. ALDERSON, F.R.S., PRESIDENT.

ON THE SOLVENT TREATMENT OF URINARY CALCULI.

An Experimental and Clinical Inquiry.

BY WM. ROBERTS, M.D.,
PHYSICIAN TO THE MANCHESTER ROYAL INFIRMARY.

(*Communicated by* Dr. BENCE JONES.)

THIS paper is divided into two parts. The first part is devoted to experiments and observations relating to the solvent treatment of uric-acid calculi by alkalising the urine by internal medicines. The inquiry starts from two known data—namely: first, that uric acid is dissolved by solutions of the alkaline carbonates of a certain strength; and secondly, that alkaline carbonates can be introduced into the urine, so as to render it alkaline, by the administration of certain salts by the mouth. The practicability of dissolving renal and vesical calculi, composed of uric acid, by alkalising the urine, is inquired into under ten headings or sections as follows:—

Section 1. Comparison of solutions of carbonate of potash and carbonate of soda: in which it is shown that solutions of carbonate of potash are better solvents for uric acid than solutions of carbonate of soda.

Section 2. Comparison of solutions of different strength: in which it is shown that the greatest solvent power (for uric acid) lies in solutions containing from forty to sixty grains of carbonate to the imperial pint. Above this strength dissolution is soon prevented by the formation of a crust of biurate which invests the stone. Below this strength the solvent power gradually declines.

Section 3. Comparison of the effects of varying volumes of solutions of constant strength.—It is shown that the quantity of the solution permitted to pass over the stone, between the limits necessarily imposed by the capacity of the kidneys to separate aqueous fluids, is of slight importance. A flow of three or six pints during twenty-four hours was found nearly as effective as a flow of eight or fifteen pints.

Section 4. Absolute rate of dissolution of uric-acid calculi in solutions of the alkaline carbonates.—It is shown that solutions of carbonate of potash, of the maximum solvent power, when passed at the rate of from three to eight pints in the twenty-four hours over uric calculi, at the temperature of the body, dissolve from ten to twenty per cent. of the weight of the stone each day.

Section 5. The most convenient way of alkalising the urine, the degree of alkalescence which can be communicated to it, and the doses required to produce the desired effect.—The bicarbonate, acetate, and citrate of potash are found the most effective substances to alkalise the urine. Of the three the citrate is preferred. It is found that forty grains of citrate of potash dissolved in five ounces of water, taken every two hours, alkalises the urine to a mean degree corresponding with the maximum solvent power of solutions of carbonate of potash.

Section 7. The effect of alkalised urine on uric-acid calculi.—The urine of a person taking full doses of citrate of potash, as recommended in Section 5, is passed over a uric-acid calculus at blood heat. The stone (weighing 180 grains) loses weight at the rate of twelve grains and a half in the twenty-four hours. In the performance of experiments on this point it came out that if the urine became ammoniacal (from decomposition of urea), it ceased to dissolve the uric acid, and the stone became invested with a crust of precipitated phosphates. Whence the important deduction is drawn, that ammoniacal decomposition of the urine in cases of vesical calculi puts an absolute bar to the effectiveness of the solvent treatment by alkaline carbonates.

Section 7. Illustrations of the application of the solvent treatment in practice; first in renal calculi, secondly in vesical calculi.—Two cases of complete dissolution of uric acid calculi in the bladder are quoted from other authors. The author relates three cases which occurred in his own practice. In none of the latter did complete dissolution occur. One of the cases proved to be an example of mulberry calculus; another, an alternating calculus of uric acid and oxalate of lime. This second specimen offers peculiarities of surface which indicate with certainty that dissolution of the uric acid had taken place: these peculiarities are explained by the aid of drawings of the stone after extraction. The third case proved abortive apparently because the treatment was not carried on sufficiently long. In neither of the cases was the treatment carried out as effectively (as the later experience of the author showed) as it might have been. The principal instruction from the cases is, the proof they offered that alkalising the urine does *not* cause the stone to be encrusted with a phosphatic deposit, so long as ammoniacal decomposition of the urine does not take place.

Section 8. Discrimination of the cases in which the solvent treatment is and is not applicable.—The conclusions come to are: That the solvent treatment is inapplicable in all cases where the urine is ammoniacal. When the urine is acid (before treatment) the case is *primâ facie* suitable for the alkaline solvent treatment; but exceptions must be made of cases where it is known or strongly suspected that the stone is composed of oxalate of lime, also where the stone is large. In cases where the urine is acid, and there is no indication of the nature of the stone, it may be either uric acid or oxalate of lime, or an alternating calculus composed of these two substances. Such cases deserve a trial of the solvent treatment for a limited period of a month or six weeks. The cases which are especially suitable for the solvent treatment are those in which (the urine being preliminarily acid) it is known or strongly suspected that the stone is composed of uric acid, and has not yet reached any large size.

Section 9. Directions for carrying out the solvent treatment effectually.—The urine must be kept *continuously* alkaline, and alkaline to a mean degree corresponding with the maximum solvent powers of solutions of carbonate of potash. The treatment must be given up immediately if the urine become ammoniacal.

Section 10. An examination of some of the objections which have been urged against the principles of the solvent treatment.

The appendix to the first part contains some experiments showing that cystine is even more amenable to the alkaline solvent treatment than uric acid.

The second part of the paper contains three sections.

Section 1 contains experiments on the solvent treatment of uric-acid calculi by injections into the bladder. Solutions of the following substances were tried in a manner to imitate injections into the living bladder: bicarbonate and carbonate of potash, common phosphate of soda, basic phosphate of soda, borax, borax with liquor sodæ, potash soap, carbonate of lithia, liquor potassæ, and liquor sodæ. The results obtained demonstrated conclusively that their operation was so slow that no practical advantage could be obtained from their use.

Section 2 records some experiments on the effects of a solution of carbonate of potash and diluto nitric acid on oxalate-of-lime calculi: neither solvent promised any useful result.

Section 3 shows the unsusceptibility of phosphatic calculi to solutions of the alkaline carbonates. Brodie's method of injecting dilute nitric acid into the bladder was imitated in one experiment, with results confirmatory of his statement respecting the use of this treatment in phosphatic concretions.

Dr. HARLEY had derived pleasure and benefit from the reading of the paper. It was valuable, as it combined chemical research with clinical instruction. Upon these two all improvements in medicine must be based. A want of the knowledge of the chemical constitution of calculi formed the real obstacle to this mode of treatment in its earliest history. We now know that the uric-acid and phosphatic calculi require different chemical agents for their solution. That which was the antidote to the one was the bane to the other, one requiring the treatment by acids, and the other by alkalies. It was in cases of renal calculi, which he believed were more common than vesical, and in which no operation could be performed, that the plan advocated by Dr. Roberts was most valuable. Renal calculi were more easily dissolved by means of chemical agents than vesical, in consequence of the constant flow of urine over them. By a judicious regulation of tests, and a careful examination of the urine at short intervals, the nature of the calculus might be determined, and he believed in many cases might be successfully treated by chemical agents.

Mr. MOORE referred to a difficulty which might arise where there were two calculi in the bladder of different chemical constituents; where, for instance, one had a coating of urate of ammonia, and the other was a fusible calculus.

Dr. ROBERTS having briefly replied, the Society adjourned.

THE OPERATION OF LITHOTRITY.

To the Editor of THE LANCET.

SIR,—I have read my friend Mr. Coote's reminiscences of early lithotrity with much interest. I am well acquainted with the operation and its voluminous apparatus, as it existed between 1830 and 1840. What George Stephenson's first machine, "The Rocket," was to the present locomotive, such was lithotrity of that date to the lithotrity of to-day.

But in respect to the question at issue, I see only one remark necessary from me. I should never have ventured to make a comment on Mr. Coote's opinions on lithotrity had he not, in December last, limited its application "almost exclusively to cases of men in middle or advanced life, of gouty habit, and with a deep perineum, in whom, after intervals of a few months, a small uric-acid calculus drops from the kidneys into the bladder." He now considers a calculus of one inch diameter suitable for the lithotrite. I am glad to hear it. I, for one, had never imagined that a calculus of that size could be included within the scope of the description quoted above. A hard uric-acid calculus, the mean of whose several diameters is an inch, rarely takes less than two, three, or even four years to form. I have ventured to denominate such a one a calculus of medium size, and I think fairly so, as distinguishing it, on the one hand, from the small calculus, about the size of a bean, which has but recently descended from the kidney, and is too large to traverse the urethra; and, on the other hand, from the calculus of an inch and three-quarters or two inches in diameter, which is certainly large. I may further add that no calculus ought ever to attain even the size so regarded as "medium" if the patient has the advantage of fair medical supervision. I have no doubt that before another fifty years has passed away, with improved diagnosis and superior preventive treatment, such a one will be the large calculus of that time. If so, lithotrity will be applicable to every adult case, and lithotomy will be employed only for the child.

Mr. Coote speaks of "Mr. Thompson's statistics" as "too small." In my first paper I particularly avoided claiming for my nineteen cases of the year 1864 any weight as "statistics," purposely referring to them only as "numerically much more valuable for inferential purposes than so small a number as four cases, of which two were fatal, which furnished the theme of Mr. Coote's remarks." The inference, which cannot be denied, is, that stones of middle size, and of very hard texture, may be easily and safely removed from adults of all ages by lithotrity. What an admirable illustration of this appears in that case which Mr. Marriott, of Leicester, reports in the last number of THE LANCET.

I am, Sir, yours obediently,

Wimpole-street, April 3rd, 1865. HENRY THOMPSON, F.R.C.S.

THE MUSEUM OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The Council of the Royal College of Surgeons have availed themselves of the services of Dr. Cobbold, the well-known helminthologist, to remodel the collection of entozoa in the College museum. The specimens will all be remounted and correctly named. As it is hoped that a well-arranged collection of this remarkable group of animals will be of great use to the profession for purposes of reference, it is desirable that it should be made as complete as possible before the catalogue is published. Any contributions of the parasites, either of man or animals, addressed to Dr. Cobbold or myself at the College, will therefore be very acceptable at the present time.

I remain, Sir, your obedient servant,

W. H. FLOWER,
Conservator of the Museum.

April 4th, 1865.

THE HEALTH OF SIR CHARLES HASTINGS.—We are gratified in stating that Sir Charles Hastings has so far recovered his health as to be able to attend to his professional, and partly also to his public engagements.

THE LANCET.

LONDON: SATURDAY, APRIL 8, 1865.

THE mystic virtues of the number seven are well known to those who are curious in the science of numbers not according to "Cocker." They have been fully developed by BELLAMY, and his sympathetic commentator, SOUTHEY. In the "Ophion" he tells of seven steps, seven days, seven priests, seven rams, seven bullocks, seven trumpets, seven shepherds, seven stars, seven spirits, seven ages, seven lamps, seven pipes, seven heads, seven wings.

In the year of its seventh sitting, the Medical Council will, it may be hoped, produce some riper and more acceptable fruit than it has hitherto borne. The Council is, as a body, evidently sincerely anxious to procure such an amendment of the Medical Act as shall be satisfactory to the profession, will secure the support of the Government, and protect the interests of the public. The Council is, indeed, now upon its trial as a governing power. It is a very costly instrument, and has proved hitherto very cumbrous and inefficient. This every individual member would probably freely admit, although they would be likely to differ as to the causes of this inefficiency. We will not stop now to discuss them; they lie chiefly in the inherent defects of its constitution: it is a parliament of close boroughs. But it is now to be determined whether, as constituted, it is capable of carrying out any really important public measure; of exercising any really useful general control; of affording that protection to registered practitioners, and obtaining that authentic means of distinction from non-registered practitioners, which it was designed that it should furnish. Its past history is nearly a blank. There is a terrible item on the debtor side of the account: some forty thousand pounds of expenditure. There is little on the creditor side. The earnestness, the energy, the ability, and the good-will of individual members are overwhelmed by the diversity of opinions and interests, the loquacity, the testiness, the obstructiveness, and the timidity of the body as a whole. The opening address of the President very well illustrates the extreme difficulty with which it can conduct the affairs of the profession. In his brief preliminary remarks Dr. BURROWS referred to the question of the date fixed for the meeting of the Council. We stated last week the objections which have been raised to the present period. Most agree that it is too late; and, practically, we believe that all are so agreed. It would have been far better to have held this meeting a fortnight or three weeks, or even six weeks ago. The Irish Branch Council, indeed, have, for remedying the lateness, made a suggestion which savours of the soil. They were of opinion that the date fixed is too late, and recommended that the defect should be remedied by selecting one yet later. They thought a meeting ought to have been held in February or March, as we think, and as the profession will think; but as it had not been, and to give a better chance of passing a Bill through a Parliament which will rise in the early part of July, they suggested that the Council should not meet till after Easter. Their reasons were ingenious; but their suggestion was fatally paradoxical. Those, however, who will read the President's address with a little care will not fail to see that he treats with a light and delicate hand of what have been the obvious causes of a delay in the meeting, which, if—as must be earnestly hoped it will not—it prevent legislation this year, will at least have rendered that contingency possible and even probable, and cannot therefore but be regarded as a fault of great magnitude. Dr. BURROWS said—

"Appeals are made to me very naturally from various quarters as to the time of the meetings; some members thinking one period the most convenient, other members thinking another period more convenient, and some making personal appeals to me, stating that should the Council meet at such a time it would be attended with very considerable inconvenience. It is very painful not to be able to respond to those appeals from the different members that are made to the President. ..... I have endeavoured to the best of my ability to take into consideration the public business to be transacted, and, seeking information from those quarters where I thought I could derive the best information—I mean from Parliamentary agents and others,—I assumed the responsibility of summoning you at this present time; not, as I said, from any personal or private feelings, but because I believe the business to be transacted requires our meeting now, and that it would not be attended with so much inconvenience as at other periods."

If by this reference to urgent pleas of inconvenience the President referred to personal feelings of a private nature on the part of members, a good deal of just indignation must arise out of doors that persons entrusted with public interests of so high an order, and transacting public business at so great a cost to the profession (although undoubtedly also at a very considerable sacrifice to many of them individually), should venture to obstruct that business, and to imperil those interests on personal grounds. It would be held, and in that view we should heartily concur, that such members were unfitted by their engagements for their trust, and that they should forthwith resign duties which, under such circumstances, they ought never to have accepted. But we believe the fact to be that, as nearly the whole Council consists of persons entirely engaged in conducting the education of students in the great schools, colleges, and universities of the kingdom, to have called them away from their duties would have involved public inconvenience of a very serious character, and such as only absolute necessity would justify. This may be a view more specious than real, but it is evident that numerous and urgent appeals, based upon such grounds, must greatly influence a president with whom the free choice rests. It is also evident, however, that a body which can only be assembled with so great difficulty, and which finds it so exceedingly hard to get to work betimes in the Parliamentary session, which meets at so enormous a cost, and is so discordant in action, is very ill-fitted to be the Parliamentary intermediary of the profession.

The Council has set to work forthwith, as was hoped, upon the Medical Act. We are bound to approve of what they have done. For thus far it accords with the opinions which we had expressed beforehand, and carries out the views which we had hoped to see confirmed. The most important matter of all was the amendment of the 40th Clause. This was settled at the close of the second day. The clause which we had recommended, that of the English Branch, was adopted, with the alteration which we have suggested (THE LANCET,

Feb. 4th, 1865, p. 125), of omitting the words "for gain," and rendering it more stringent also by compelling all persons who possess registerable titles to register them if they use them. This was a matter as to which we have directed attention, and on which we have expressed some doubt; and we still entertain those doubts, not as to its utility, but as to its practicability. We are well content, however, that the Council should ask for that power. It will, if conceded, enable them to serve the public interests by far more efficiently. Immediate steps will be taken with the Home Secretary to secure his attention to the Bill. Emanating from a body formed under authority of a public Act, and armed with governmental powers, it should be a Government Bill; and if Sir GEORGE GREY can be brought to assent to what is now to be asked there will yet be time to pass the Bill through the House.

The debates were characterized by considerable ability. The speeches which produced marked effect in very opposite directions were those of Dr. CORRIGAN and Mr. ARNOTT. Mr. ARNOTT's speech was heard, as it will be read, with universal disapprobation. Indeed it can hardly be understood how, after the speech he has made this session, he can continue conscientiously to sit at the board. He avowed himself opposed to the amendment of the Act; he admitted that on that ground he had obstructed the amendment of the Act; and finally, although conscious that he and the body which he represents had set the evil example of defying the authority of the Council in matters relating to education, he stood up and taunted the Council with having omitted to punish that defiance and that disobedience; and, having been himself the very man who counselled his College to set at nought the recommendations of the Council, and who subsequently protested in the Council against any attempt to enforce those recommendations, he now avers that he has obstructed any attempt to confer a great boon upon the profession and the public by amending the titles and registration clause, on the ground that the Council had permitted him to defy it in the first instance, and spared him censure and compulsion in the second. Mr. ARNOTT has defined his own position in one word—he is simply "obstructive": critical, without being appreciative; dogged, without being logical; positive, without being accurate.

LETTERS from officers of the Indian medical service continue to pour in upon us by every mail. It is, of course, impossible for us to afford space for even a limited number of the voluminous comments on Sir CHARLES WOOD's latest attempt to settle this vexed question. All we can do is to lay before our readers the substance of such complaints as appear well founded.

All unite in deploring the ill success of the attempt to amalgamate the two services, and we have good authority for saying that the Governor-General is deeply impressed with the impolicy of the resolution to make the medical service of India separate and distinct from that of the British army, and sees great difficulties in the way of fairly carrying out the details of a separate administration for two services that ought to have been one and indivisible. On this subject we have expressed ourselves so often that it is useless to go over old ground. Already it appears that the Indian service has lost prestige to an extent most painful to its old officers. Let it once be known in the schools in this country that to accept a commission in the Indian medical service is equivalent to entering on a lower status than their brethren in the general service, and we can assure the authorities there will soon be an end to anything resembling a competition for Indian medical appointments.

The next point of dissatisfaction is the immense disparity between the pay of a surgeon-major in charge of a regiment and a lieut.-colonel in command, amounting in some cases to nearly £500 a year. We earnestly hope that the Secretary for India may be induced to extend to officers holding the rank of surgeon-major a staff salary sufficient in amount to make this disparity less glaring and offensive. This is all the more necessary because the number of officers who can for the future aspire to administrative rank will be so few. We think that a proposition which has been made by one of our correspondents is most reasonable—viz., that the pay of a surgeon-major should be, at twenty years' service, 1000 rs.; at twenty-five, 1250 rs.; at thirty, 1400 rs. The last is only the pay of rank at a full-batta station, plus a staff salary equivalent to the command allowance drawn by all lieut.-colonels in command. We have always maintained that the new scale of pensions is just and liberal, but we have done so under the impression that the usual period of furlough, allowed under the old regulations, was to count towards service for pension. We regret to observe that this does not seem to have been the meaning of Sir CHARLES WOOD's dispatch. It now appears that the entire periods must be spent in India. Sir JOHN LAWRENCE, we are glad to hear, has pointed out that this is unreasonable, and has urged, that if Sir CHARLES WOOD did not mean the assigned periods to include a reasonable proportion of furlough, he should reconsider the matter. In this view we entirely concur.

It is the opinion of some experienced medical officers on the retired list, that if the Government of India could be induced to re-establish station hospitals, in which the large and yearly increasing class of European warrant and non-commissioned *employés* attached to the different public departments could be treated, it would go a long way to make up for the more limited field for clinical observation occasioned by the absorption of the artillery and European regiments into the British army.

Medical Annotations.

"Ne quid nimis."

HANTS COUNTY HOSPITAL.

A LIVELY discussion of the merits of the course pursued in the recent election of a house-surgeon to the Hants County Hospital still continues. The Archdeacon of Winchester has written a long letter to the *Hampshire Independent*, justifying the importance attached to the sacramental test; and he has been ably answered, in respect both of points of fact and of principle, in letters by Dr. FOX, the unsuccessful candidate, and by the "Governor" whose printed letter served to bring the subject so clearly and fully before the governors. Little remains for us to do. We are glad to have contributed to the discussion of the principles involved in the proceedings. It is not pleasant to us—we assure the Archdeacon and others—to have to criticize, and still less to have to censure, the proceedings of the committees of provincial hospitals, who gene-

rally know their duty much better than we can be expected to do. But this is a matter of principle and public interest. If it is good for Winchester, it is good for all other hospitals to have communicants of the Church of England for their house-surgeons. And there is another respect in which our duty to the profession requires us to give no uncertain sound on a question of this nature. It is clearly discouraging to the teachers and schools of medicine that the honours which they heap upon some men should be lightly esteemed. We are not maintaining that the taking of one prize or two argues much either for a student's ability or the judicious use of his time. But it does seem significant of unusual proficiency when a man distinguishes himself at every stage of his progress, and in a great variety of subjects. This surely implies either rare ability or unusually well-employed time. Those who watch the progress of such a man—whether they be his teachers or his fellow-students—ought to see that his industry or his ability counts for something in the actual battle of life. And if they do not see this, they will be depressed with a sense of the uselessness of effort. They will be apt to think that it is all the same whether a man is bright or dull—whether he is easy or laborious. By so much they will be discouraged. And for this discouragement those are responsible who fail to discern and to reward merit when it is in their power to do so.

The Archdeacon and those who think with him may safely be left in the hands of the "Governor" and other local champions of large and liberal principles. Indeed, it is impossible for a stranger who does not understand the neighbourhood and the Archdeacon's peculiar style of writing always to be sure of what he means. In one part of his letter, however, he atones for his usual want of clearness by unusual boldness of statement:—"*Let it be distinctly borne in mind that all will agree that the house-surgeon should be a member of the Church of England.*" A good Presbyterian from the schools which have given Syme and Liston to the world, has no chance here. Men of the faith of Abercrombie and Christison, and Miller, and John Brown, and Simpson, whatever their high qualifications for morally affecting the inmates of an hospital, would on this principle be summarily rejected. According to the Archdeacon, the house-surgeon's is not a merely civil office. The house-surgeon must be a religious man. And the great proof of his religiousness to the Archdeacon is, that he be a member—"a communicant from confirmation"—of the Church of England. We can scarcely hope to alter the views of the Archdeacon. But is it true that "all" the subscribers to this hospital agree with him that they are to be narrowed in their election of house-surgeons to a selection from the members of the Church of England? We suspect the Archdeacon is mistaken in thinking that his favourite hospital is to be, in perpetuity, a mere appendage to his favourite Church. By all means ascertain the moral earnestness of house-surgeons. But to prescribe a creed for men who are able to formulate one for themselves, and are responsible for it to a higher power than archdeacons, is a strange procedure a generation after the passing of the Tests and Corporation Act; and we shall be surprised if it continue without challenge much longer, even in Winchester.

THE VENEREAL COMMISSION.

THERE are prevalent errors and misstatements as to the constitution, objects, and action of the Venereal Commission. We have already corrected the erroneous statement that this Commission is appointed for the purpose of inquiring into the working of the Contagious Diseases Act. That Act has three years to run, and at the end of that time its action will have been fairly tried. Meantime we may state that it has undoubtedly been productive of great benefit. Of some forty women plying their vocation who were examined on one occasion, upwards of twenty were found to be diseased. The objects of the Commission are, however, to conduct an inquiry scientific, prophylactic, and therapeutic. It has been stated in print that the Commission is transferred to the Home Office. This is not so; and it is desirable that it be contradicted, lest it lead to further misapprehension in connexion with recent scandals. The board is constituted under the authority of the naval and military authorities—the Admiralty and the War Office. These departments were, however, unwilling to assume the responsibility of pursuing an inquiry which is likely to be costly and protracted, and have, therefore, obtained the financial sanction of the Treasury to the continuance of the Commission. The gentlemen hitherto examined have included, amongst the military surgeons, Longmore, Marston, Perry, Hardie, Blenkins, Fraser, and Barclay; amongst naval officers, Drs. Deas, Beith, Mackay, Wells, Nelson, Sloggett, and Comrie. Drs. Macloughlin and Dixon, who hold particular views on the subject, and had applied to make statements, have been before the Commission. The first civil surgeon called has been Mr. Fergusson, who was last week under examination; and Mr. Syme will, it is anticipated, give the benefit of his information to the Commission in the course of the present week.

A RUMOURED PESTILENCE.

NEWS from Russia brings vague accounts of the outbreak and spread of a deadly pestilence in that empire. One account speaks of the malady as having originally appeared beyond the Ural mountains, extended gradually through Central Russia, attacked St. Petersburg causing a panic in that city, and, going southward, appeared in Prussia. Another account states that an outbreak of pestilential fever, termed the "Siberian pestilence," has occurred at Chanew, within the Waldej circle. This outbreak, it is said, has caused great alarm in St. Petersburg on account of its excessive fatality, and from a fear of its extension. Several medical men sent to the infected district to aid in repressing the disease have sickened from it and died. A third account denies altogether the appearance of the disease in St. Petersburg. Again, one account states that the disease is a pestilential fever; another speaks of it as "plague;" a third describes it as an anomalous cerebral affection; and a fourth avers that it is Asiatic cholera. It is clear that until some definite account is received of the disease which is thus exciting alarm, as well as of the extent of its prevalence, any speculation as to the probability of its reaching this kingdom is premature. The Government has instructed the English consuls in Russia to furnish immediate and precise information on the subject. The latest accounts received seem to indicate that it is a severe form of relapsing fever.

TEA IN A NUTSHELL.

DR. ATTFIELD, Director of the Laboratories of the Pharmaceutical Society of Great Britain, has published a very interesting account of the result of an examination which he has made of the Kola-nuts of Western Central Africa. A few ounces of dry hard fragments of these nuts were placed in his hands by Dr. Daniell, who stated that in the fresh state they were largely used as an article of food and medicine by the natives of Western Central Africa; that he had once partaken of the fresh nut, the effect being that he was kept awake for many hours; that he, therefore, inferred that they must contain a principle similar to that which exists in tea, coffee, &c.—namely, theine; and that he had, in fact, by a rough chemical process, succeeded in obtaining crystals resembling theine in appearance. As a medicine, the *fresh* nut, Dr. Daniell said, was esteemed of great value in diarrhœa and affections of the liver; and that, indeed, for all purposes, it was in the fresh state that the nut was generally employed, portions being chewed, the juice swallowed, and the solid part ejected from the mouth. If the nuts were allowed to become dry, they were considered to have deprecinted in value,

and were then only chewed by the lower classes of the natives. Dr. Attfield has determined the presence of theine in dried Kola-nut in the proportion of about 2 per cent. Coffee contains from ·5 to 2·0, and tea from ·5 to 3·5 parts in 100. So that the Kola-nut really has a considerable food value. The discovery of theine in the food materials of an African race of people is highly interesting. It is well known that coffee, tea, cocoa, matao, Paraguay tea, and guarana, which constitute the beverage of the European, American, and Asiatic peoples, have been selected by an unerring instinct, which has divined in each plant the remarkable alkaloid—theine. Different in botanical characters, varied in genera, not very unlike in flavour, they have been instinctively chosen as containing this valuable active principle. The investigation of the food value of Kola-nut is thus one of particular interest, and which will, we hope, be carried further.

THE POLICE AS GUARDIANS OF THE SICK.

ON Friday last Sir John Shelley asked a question in the House of Commons which deserves attention. He inquired of the Secretary of State for the Home Department whether his attention had been directed to the report of an inquest held at the Strand Union on the body of a gentleman, from which report it appeared that the gentleman, in an apoplectic condition, was taken there by the police, supposed by them to be of unsound mind from drink, and left without any information by what means he came into their hands; and whether he would cause a communication to be forwarded to the police authorities requiring that in future, when any sick person, incapable of giving any explanation of his or her condition, was taken to a union infirmary, all the facts bearing on the case which the police could furnish should be forwarded in writing with the patient for the guidance and information of the medical officer. Sir G. Grey was understood to say that he would communicate with the magistrates on the subject. That unfortunate gentleman was taken with delirium in an hotel. The landlady, being unable to restrain him, called the police. The policeman allowed him to wander into the street; from the street he took him to the police-station; from the police-station the sufferer was taken to the infirmary by direction of the medical officer, who declared him not drunk but ill; and at the workhouse door he was left without a word to explain his antecedents. The whole case presents a series of calamitous blunders; and we find it difficult to avoid blaming all those concerned, and more especially the police.

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

Session 1865.

ROYAL COLLEGE OF PHYSICIANS.

TUESDAY, APRIL 4TH, 1865.

DR. BURROWS, PRESIDENT, IN THE CHAIR.

THE annual sittings of the General Medical Council were commenced on Tuesday, April 4th, at the College of Physicians, Pall-mall; Dr. Burrows, President, in the chair. The whole of the members of the Council were present with the exception of Dr. Alexander Wood, who was prevented from attending by indisposition.

The PRESIDENT, in opening the business of the session, said: The peculiar nature of the business that has to be transacted this year has required an earlier meeting of the Council than has been usual. I regret much to learn that this period, which I am called upon to fix for the meetings of the Council, has not been altogether in accordance with the wishes of many, and no doubt it has led to inconvenience to others. But when I look round this table and observe the chairs occupied by so many distinguished men, some holding most important offices in our universities as public teachers, and others holding most prominent positions in their various localities, and largely engaged in professional life, it is impossible, I am quite sure, to fix upon any time for the assembling of this Council which shall not be attended with more or less inconvenience to its members. Of all the duties which devolve upon me as your President, and which are assigned to me either by the Act of Parliament or by the standing orders of the Council, the least agreeable, undoubtedly, is that which assigns to me the responsibility of deciding the time of meeting of the Council, and of summoning you to assemble in London. Appeals are made to me very naturally from various quarters as to the time of the meetings; some members thinking one period the most convenient, other members thinking another period more convenient, and some making personal appeals to me, stating that should the Council meet at such and such a time it would be attended with very considerable personal inconvenience. It is very painful not to be able to respond to those appeals from different members that are made to the President; therefore, it has been with peculiar pleasure that I have heard, or rather I have observed, that the Irish Branch Council have taken this subject into their consideration, and that they will probably propose some modification of our standing order, and will, as I hope, devise some scheme which will relieve the President from the sole responsibility of summoning the meeting of the General Council. So far as I understand the proposition that has been announced in the resolution of the Irish Branch Council, I much fear that they would hardly accomplish the object that I so much desire. For if I look back to only what has occurred during the last few months, and remember that a very important resolution was passed by the Scotch Branch Council in the month of January, from which we might infer that that Council deemed it of the utmost importance that there should be a very early meeting of the Council this year, and, as I subsequently learned from private communication, that it was intended that we should have met in the month of February, I hardly know how far a meeting in the month of February, involving ten or twelve days' detention in the metropolis at that time of the year, would not have been attended with inconvenience. But that is not the point. At the latter part of the month of January, at a meeting of the English Branch Council, I thought it my duty to call the attention of the Council to that resolution passed by the Scotch Branch Council; and after due deliberation and consideration it was pretty generally agreed upon that we ought to have an earlier meeting this year than usual, and that probably the time at which we are now assembled might be attended with less inconvenience to members generally than any other time, and that we might also, meeting at this period, be able to accomplish the great objects we have in view. At a later period I learned from the Irish Branch Council that they were not of the same opinion, and that they believed that an advantage would have arisen from a further delay in the meetings of the Council; and that even if we had met three weeks later—that is, after the expiration of the Easter parliamentary recess—our objects, so far as legislation is concerned, were more likely to be attained than by meeting at the present time. The Irish Branch Council may be quite correct in this; but why I advert to this is, because I fear that the scheme which, as far as I understand the scheme propounded by the Irish Branch Council, says the President shall appeal to the three several Branch Councils before he determines the time assigned for the meetings of the General Council, will hardly be attended with those happy results which I could wish—that is, of exonerating the President from the difficulty and responsibility of deciding upon the time of meeting, because we see in the present year what very diverse opinions have been entertained by the three Branch Councils. So far as I am myself concerned, I assure you that no personal considerations, no convenience of my own, no feelings as to what is agreeable or disagreeable, have actuated me in the time fixed upon for your assembling here to-day. I have endeavoured to the best of my ability to take into consideration the public business to be transacted, and, seeking information from those quarters where I thought I could derive the best information—I mean from parliamentary agents and others,—I assumed the responsibility of summoning you at this present time; not, as I said, from any personal or private feelings, but because I believe the business to be transacted requires our meeting now, and that it would not be attended with so much inconvenience as at other periods. However, whatever our

differences of opinion may have been as to the time of assembling this year, I feel confident that, now we are assembled round this table, we shall all earnestly and cordially co-operate in endeavouring to expedite the public business, and that we shall devote ourselves at once to two questions which press for solution and decision. I mean, first of all, as to how far we can obtain an amendment of the clauses of the Medical Act which shall make that Act more operative to accomplish the objects for which it was intended, and at the same time give satisfaction to the profession at large. The second question is, that we resume the consideration of the important Report upon Medical Education and Registration, the discussion of which was temporarily interrupted or suspended in consequence of the rising of the Council last year. The first of these questions, I am sure you will feel with me, requires your immediate attention; and I am glad to see in the programme that a motion is likely to be made at an early period of our sitting, urging the Council to take this important question into consideration. The second—that of medical education and registration—is a question which will now, no doubt, as before, require your most mature deliberation; but I hope that after all the discussions and the consideration given to the question last year, it may be found ripe for settlement. A few words more before I invite you to the transaction of the business of the day. I assumed this chair last year by your favour with feelings of very considerable anxiety and diffidence in my own powers to perform my duty. I will not say that those feelings do not dwell in my breast at the present moment. But I am happy to say that it is not with the same deep anxiety that I felt last year; not because I feel more confidence in my own powers, but because, looking back with the pleasurable remembrance of the past, I feel sure that I can reckon upon the loyal and generous support of all the members of the Council in all directions, to enable me to carry on your deliberations with that regularity, with that order, with that calmness, with that dignity, which befits the General Medical Council, and which is quite essential for the protection of those public and professional interests which are confided to our charge. The first item of business is the choosing of committees to assist us in conducting the business; and to that I beg to call your attention in the first instance.

On the motion for the appointment of the Business Committee,

Dr. ANDREW WOOD suggested that a larger discretion should be left to that body, especially with reference to the order of business.

The following gentlemen were appointed on the committee: Dr. Andrew Wood (chairman), Dr. Alderson, Dr. Embleton, Dr. Corrigan, and Mr. Rumsey.

The Finance Committee was then appointed, consisting of Dr. Sharpey (chairman), Mr. Arnott, Dr. Fleming, Dr. Aquilla Smith, and Dr. Quain.

The CHAIRMAN said that the first notice of motion was by Dr. Andrew Wood,—"That the consideration of the question of the amendment of the Medical Acts shall take precedence of all other business."

Dr. ANDREW WOOD said he did not feel it necessary to say much in support of the motion. Whatever might have been the opinions of members of the Council in former years as to the expediency of legislating and having a new Medical Act, and whatever might have been their opinions with regard to the propriety of delay, he thought that they were now all convinced that it had become imperatively necessary that the Council should move in the matter, if they would not have themselves superseded in that important function by parties without the Council. It was his firm conviction that the profession was so dissatisfied with the working of the present Medical Act, that unless the Council, who were the legitimate promoters of such legislation, took action in that direction, others would bring a Bill into Parliament quite independent of them. In former years, delay in reference to legislation had been suggested upon the ground of the lateness of the period in the session. He was therefore resolved, by bringing forward the present motion at an early period, to do away with any excuse of that kind. He had listened with pleasure to the explanation of the President with reference to the time of meeting, but he nevertheless exceedingly regretted that the Council was not summoned at an earlier period. The Scotch Branch Council proposed on the 13th of January that the meeting of the Council should be summoned within two months, and he regretted that the meeting did not then take place. Had they met at that time, they would have been able to arrive at a decision in regard to the passing of a Bill; they could have drafted a new Bill and presented it to the Home Secretary; and, with his sanction, they would have been in a condition, as the chemists and druggists were, to bring in their Bill before the Easter holidays, and have it read for the first time. It was quite evident, owing to the delay, that the Bill could not be brought in till after the Easter holidays, and there was very little chance of its passing during the present session. Last year the question was brought before the Council, and several resolutions were passed with respect to it. After a lengthened discussion, it was resolved that it was impossible at the then late period of the session to enter on a full consideration of the subject, and the Council requested that the Branch Councils, in the interval between that session and the succeeding one, would consider how Clauses 20, 31, and 40 of the Medical Act could be best amended; and, having deliberated, the Branch Councils were to send in their decisions, so as to form a basis at the general meeting for fully discussing the subject. This had been accordingly done. The English Council met on three different occasions, and had come to certain resolutions. The Scotch Branch Council had met on four occasions, and had adopted resolutions which did not in many cases agree with those adopted by the English Branch Council. The Irish Branch Council had met on one occasion, and passed a resolution which tallied in a considerable degree with the resolutions from Scotland, and was opposed to those adopted in England. The Council now had before it the decisions of the three Branch Councils, and the subject was ripe for discussion. In the first place they ought to determine what should be the basis upon which a Bill should be prepared, and then, having arranged the details, it would be their duty to get a solicitor to draft a Bill, which should be remitted to the Executive Committee, who would confer with the Home Secretary and endeavour to get it passed through Parliament. He hoped that in that way a Bill would be carried by which they would do a reasonable service to the profession at large.

Dr. CORRIGAN seconded the motion. He did not, however, believe that any result could be expected during the present year. He considered that any attempt to carry through a Bill this year would be a waste of time and money. If he were to oppose any effort that might be made for the purpose it would be said that the Irish members were obstructive. He accordingly supported the motion. They had been charged in the public journals with obstructiveness, and he felt thankful for the presence of the public press on that occasion, in order that he might have an opportunity of rebutting the charge. It was not becoming a member of the Council to enter into the arena occupied by public journals, in which attacks were made by anonymous writers, but he believed the press would always act fairly in giving insertion to remarks in refutation of charges so made. He wished to say that the Irish Branch Council did not desire to postpone the time of meeting, with a view of obstructing the proceedings, but it objected to the time that was chosen, and for very good reasons, which were stated in the resolution. At what time were they now meeting? Parliament would rise within forty-eight hours of the time at which he was speaking. There would then be no member of the Government to attend to them—no law officer of the Crown to look over their Bill, and no opportunity for influential members of the Council going amongst their friends in Parliament to explain their views. The time of the year that was chosen was the very worst that could possibly be selected. The Irish Branch Council simply desired that the meeting should be a fortnight later, when members of the House of Commons and of the House of Lords would be in London, and there would be no obstruction to the proceedings that might be necessary with reference to the passing of a Bill. Referring to what took place last year he found that a resolution was brought forward on the 14th of May, that there should be an early meeting of the Council this year—namely, before the meeting of Parliament—in order that they might have an opportunity of considering the heads of the Bill. Who were the persons that proposed that resolution? It was moved, as appeared in the Minutes, by Dr. Corrigan, and seconded by Dr. Apjohn, two of the Irish members, and at least three others voted for it. Was the Irish Branch Council then obstructive? He thought not. Who began the movement for the amendment of the Medical Act? The Council had only been in existence a year when, on the 4th of May, 1860, a resolution was proposed for the appointment of a committee on the subject. Who proposed that resolution? He (Dr. Corrigan), after consultation with his colleagues on the Irish Branch Council. Did obstruction to legislation come then from the Irish Branch? On the 22nd of June he brought up the report on the Amendment Act. Each successive year they had met on the subject. In 1861 the

Executive Committee was directed by the Council to take steps with regard to the drafting of a Bill. They were not Irish members. They sat in London; and they had all the superior intellect and capacity for business that characterized their English friends. And what did they do? Nothing. It might be in the recollection of members that he (Dr. Corrigan) brought up a vote of censure, and would have proposed it but for an appeal *ad misericordiam* from a president whom he very much respected; and the Executive Committee were accordingly allowed to get off. Who were then the obstructors? Were they the members of the Irish Branch Council? In March, 1864, the English Branch Council passed the following resolution:—"That the Branch Council having given their attention to the reports on the Medical Amendment Acts forwarded by the General Council to the Branch Councils for their observations, they are of opinion that it is not expedient at the present time to engage in further legislation." That was after the Irish members had been four years prosecuting the subject! Who then were the obstructors? Then, what was the course adopted by the English Branch Council with reference to one of the most important clauses in the Bill, having reference to a matter to which they were bound to pay the greatest attention—viz., the subject of education? On the 23rd of Dec., 1864, the English Branch Council resolved: "That hitherto the provisions of the Act have not been proved by actual trial, and it would be impolitic to apply for other powers until those already conferred should have been practically shown to be insufficient." It was obvious that that obstruction came neither from Scotland nor Ireland, but from England. It was useless to discuss it. The obstruction came from the English Branch. He felt it incumbent upon him, as Chairman of the Medical Acts Amendment Committee, on his own behalf and on behalf of his friends on the Irish Branch Council, to defend them from the charges that had been brought against them.

Mr. ARNOTT said he should neither vote for the resolution nor against it. He had no expectation that anything would be done during the present session, nor was he satisfied as to the pressing necessity of, or the advantage that would result from, any of the amendments that he had seen proposed. When he was satisfied on that point, he should be able to express an opinion as to whether legislation was essential or not. Dr. Corrigan had charged the English Branch Council with being obstructive; and he (Mr. Arnott) admitted the charge, if by obstructiveness was meant a very considerable doubt as to the propriety of going to Parliament for additional powers. The powers at present possessed by the Council had never been fairly tried; and he did not think it wise to go to the Legislature to ask for additional powers when, having arrived at the seventh session, the powers possessed by the Council had not been tested, and, in some respects (as, for instance, with regard to medical education), scarcely put into action at all. No decision had been arrived at as to what should be required of medical men in point of education; and surely that subject should be thoroughly inquired into before making application to Parliament. In seeking additional powers, the question naturally arises—"Is the body deserving of having those compulsory powers?" and Parliament would inquire—"What have these persons done? They have sat for seven years, as appears upon the face of the Bill, as the General Council of Medical Education, and now, what have they done with regard to medical education?" Such an inquiry would probably be started, and it would probably be followed by another—"Is the composition of the Council such as to protect the interests of the public, in the first place, and the interests of the profession, in the second place?" For his own part, he thought the Council was too numerous; and it had no recognised leaders to guide it. There had been some very distinguished men amongst them, but they did not act as leading men—men who would take a prominent interest and leadership amongst them, so as to acquire the confidence of the members at large. There were not wanting men fitted for such an office, but they were not placed in favourable circumstances for coming forward in that position. Under all the circumstances, he hesitated to go to Parliament for additional powers, and he was willing to accept the charge of obstructiveness preferred by Dr. Corrigan.

Dr. SHARPEY said the simple question before the Council was, whether the subject referred to should take precedence of all other business; and, before that was decided, he deprecated entering prematurely into the subject itself. At present, they were drifting into a question which would be matter for careful deliberation hereafter.

Mr. HARGRAVE contended that the Council had done a great deal during the last five years. They had to a certain extent arranged a system of registration, and had taken certain steps in reference to preliminary education. They were benefiting the profession by bringing highly educated men into it; and he conceived that was an advantage which ought not to be overlooked. With regard to medical education, they had certainly not entered into the subject as fully as they ought to have done. As to the Pharmacopœia, the Council, he thought, deserved great credit for it, when they considered the materials upon which they had to work. There might be a few imperfections in the work, but he was satisfied that they might expect a Pharmacopœia issuing from the Council that would prove to be one of the most valuable works that ever emanated from the medical press. His impression was, that the best plan would be to enter into the questions of education, registration, and the Pharmacopœia, and to postpone to another day the question of medical reform. He agreed with Mr. Arnott that it was very doubtful whether anything would be done during the present session. It was the opinion of the late Chancellor for Ireland that powers should be sought for only bit by bit. If a large measure were attempted, it would probably be cast aside, and everything would be lost.

Dr. SMITH was surprised to hear Mr. Arnott express an opinion that there was no chance of doing anything this year. The determination to hold the meeting at the period selected was entirely owing to the English Branch Council, of which Mr. Arnott was a member. It was quite clear that the Irish Branch Council were unanimously against it. It had been stated that the powers of the Council had not been fully tried. He believed that every one of them had been tried, except that of appealing to the Privy Council. Mr. Hargrave appeared to think that a great deal had been accomplished in regard to registration and preliminary education; but he (Dr. Smith) was of opinion that nothing had been accomplished in that direction. With regard to preliminary education, it was notorious, from the returns made by the different bodies, that some of them had complied with the recommendations of the Council, while others had acted directly in opposition to them; and he did not know any power remaining for the Council except that of appealing to the Privy Council. They had tried what their friends in Scotland called "moral suasion," but that had signally failed.

Dr. PAGET asked if there would be any objection to receive certain communications from the Director-General of the Army and Navy Medical Departments, in order that they might be printed and placed in the hands of the members of the Council. With regard to the time at which the meeting was held, he agreed with the Scotch and Irish members that it should have been earlier. The Irish members, he thought, misunderstood the resolution of the English Branch Council, which was not passed with any feeling of discourtesy, but simply as an expression of opinion. The English Branch Council considered that if the meeting were delayed for a fortnight or three weeks, legislation would be more difficult; and it was understood that any Bill proposed by the Council should be in the hands of the Home Secretary as long as a month for his consideration.

Dr. ANDREW WOOD said that Mr. Arnott did not wish the subject to take precedence of other business because he did not wish it to come on at all. Mr. Arnott appeared to be of opinion that the Medical Council were not qualified for their duty, and was very much grieved to think that no leader had appeared amongst the members. Mr. Arnott had, in truth, stated the strongest grounds why Parliament should be applied to. If the Council was unqualified, and not able to discharge its duties, it was high time that Parliament should interfere, and appoint a properly qualified Council. He did not desire to defend the Medical Council for all that it had done and a great deal that it had left undone. Much of that he certainly deplored; but it could not be denied that a great deal of what had been left undone was in consequence of the Medical Council not being armed with proper powers to carry out its objects. It was said that it was useless to go to Parliament for new powers until those already possessed had been tried. His belief was that the power it possessed had been tried, and had been found ineffectual. It was obvious that the Act was utterly powerless to enable the public to distinguish between qualified and unqualified practitioners, and the profession generally were not satisfied with the position which they occupied, seeing that they themselves were registered under the Act, and amenable to the discipline of the Council, while outsiders were not so amenable. The powers had certainly been tried in that direction, and had been found wanting. With regard to education, the members would recollect that whenever any proposition had been made to send directions to the

different bodies as to what they considered necessary to qualify a man for the medical profession, they were over and over again met with the statement, "There is no use in doing it, for we have no power." And in regard to the bodies themselves, what had been the result? Had they shown any inclination to exhibit loyalty to the Council in regard to the regulations sent down to them? He did not wish to make any allusion to any particular body or individual; but Dr. Corrigan last year showed that several of the bodies had refused to obey the instructions issued by the Council with reference to education. On one occasion it was proposed to take the very step that had been suggested—an appeal to the Privy Council; but the proposition was not adopted. He contended that the Council would not be true to itself if it did not go to Parliament and to the Home Secretary, and point out where the present Medical Act had failed, and how its defects might be remedied. The longer they delayed that course, the longer they would remain in their present helpless and abused condition. For whatever Mr. Arnott might not have seen with regard to other matters, he certainly must have seen plenty of abuse directed to the Medical Council in every portion of the medical press. He had not seen one organ of the medical press which had come to the rescue to defend the Medical Council; and whether they considered the Medical Council itself, which was a secondary matter, or the profession or the public, he considered that they would not be doing their duty if they did not endeavour to remedy the defects which at present existed.

The motion was then put to the meeting, eight members voting for it, and none against, the other members declining to vote.

Dr. ANDREW WOOD asked that the names of the members voting, and those declining to vote, should be taken down.

The PRESIDENT: Do you think that is necessary? If it had been known that this request would be made, some members might have voted who did not vote at all, not holding up their hands simply because they considered it an unopposed motion.

After some conversation on the subject, the motion was again put to the Council, when eighteen members voted in its favour, two only declining to vote.

Dr. ANDREW WOOD still desired that the names of those declining to vote should be recorded.

Mr. ARNOTT expressed a similar desire.

The PRESIDENT said that the Standing Orders provided that, where a division had taken place, any member of the Council might require the names of the minority and the majority, and of those declining to vote, to be entered on the Minutes. In the present instance, however, no member had voted against the motion, and no division had, therefore, taken place. The request consequently could not be acceded to.

Dr. PAGET moved that the communications received from the Army and Navy Medical Departments be printed for distribution amongst the members.

Mr. RUMSEY seconded the motion.

Dr. CORRIGAN protested against the printing of papers the contents of which were not known to the members, and objected to the precedent that would be established if the resolution were agreed to.

Dr. ANDREW WOOD called attention to the resolution already passed, — "That the consideration of the question of the amendment of the Medical Act shall take precedence of all other business."

The PRESIDENT said that communications relative to the amendment of the Medical Act had been received from the medical practitioners of Shaftesbury, with a letter from J. E. Brine, Esq.; the medical practitioners of Gillingham; the Manchester Medico-Ethical Association; Thomas A. Haigh, Esq., Huddersfield; J. F. Milner, Esq., Hereford; Edward E. Tucker, Esq., Abersychan; Dr. Styrap, Shrewsbury; Mr. Wm. Moorman, of St. Columb, Cornwall; Dr. John Gardner, of Montague-street, Russell-square; and the Royal College of Physicians, London.

On the motion of Dr. Andrew Wood, it was unanimously resolved that the communications be referred to a committee, consisting of Dr. Embleton, Dr. Paget, Dr. Fleming, and Dr. Smith, for their consideration and report.

The resolutions of the three Branch Councils with reference to Clauses 20, 31, and 40 were then read.

After a brief conversation,

The PRESIDENT suggested that it would be better to consider the clauses separately, and asked if any gentleman interested in the subject would bring forward a motion with reference to Clause 20.

Dr. ANDREW WOOD said he had no objection to adopt that course, and moved the following resolution:—

"That the Council now proceed to consider the expediency of amending Clause 20 of the Medical Act, and that the following resolution be adopted: That the amended Bill should contain clauses conferring on the Medical Council definite powers to issue to the various licensing bodies regulations on the subject of preliminary and professional education and examination; and that, in order to carry out that object, clauses to the following effect be adopted—viz.: 'That it shall be lawful for the General Medical Council from time to time to issue to the various licensing bodies such regulations respecting the preliminary and professional education and examination of persons desirous of obtaining any of the qualifications mentioned in Schedule A to the Medical Act as may appear to the Council fitted to secure, on the part of such persons, the requisite knowledge and skill for the efficient practice of their profession. That all such regulations as shall have been passed by a majority of two-thirds of the General Council shall be obligatory on all universities, colleges, and other bodies enumerated in Schedule A to the Medical Act of 1858. That, in the event of any of the said bodies not conforming to such regulations, it shall be lawful for the General Council, if they see fit, to intimate to the said body that it has not conformed to such regulations; and to direct that, in the event of the said body not conforming within six months after such intimation, the qualification granted by such body, after the lapse of the said period of six months, shall not be registered. That it shall be lawful for any body in regard to which such direction shall have been given, to appeal to the Privy Council, who shall have power, if they see cause, to disallow the direction of the Medical Council. That it shall be lawful for the General Council to restore any right to registration which may have been suspended by them, when they shall be satisfied that their regulations have been conformed to.'"

Hitherto, he said, the Council had found a difficulty in carrying out their views in regard to medical education on account of the conviction that their regulations or recommendations were not obligatory upon the bodies to whom they were sent. No doubt the Council had the power of enforcing their regulations by representing to the Privy Council the bodies which did not conform to them, but as yet they had not pursued that course. It was a roundabout method, and led to considerable delay; it was, moreover, calculated to place the Council in an invidious position. That was, he believed, the experience of past years. The resolutions which he proposed were not his own, but were those of the Scotch Branch Council, agreed to after calm and continuous deliberation. They considered that the Council ought to have the power of issuing regulations which should be obligatory upon the different bodies; but in order that that power might not be used in a rash or tyrannical way, it was recommended that no regulations should be obligatory but such as had been agreed to by a majority of two-thirds of the Council. He did not know whether the lawyers would object to such a clause; but, at all events, its insertion in the resolutions showed that they were anxious to act in a guarded way, and were not desirous of forcing upon the different bodies any regulations that did not commend themselves to a considerable majority of the Council. It was not proposed that the recommendations, after having been adopted, should be sent to the Privy Council, but direct to the bodies; and that if within a reasonable time—say six months—they did not conform to the regulations, the Council would be entitled to suspend the right of registration on the part of the recalcitrant body; subject, however, to the right of appeal to the Privy Council. If the Privy Council decided in favour of the appellant body, the action of the Medical Council would cease; if, on the other hand, no appeal was made, and the body conformed to the regulations, the Medical Council would place it in its original condition, and restore the power of registration. It appeared to him that unless the Council was armed with some powers greater than it possessed at present, it would go on from year to year deliberating and doing nothing. He was not afraid that the Council would abuse the power entrusted to it. The members were cautious, and if they were inclined to err at all, it was certainly not in the direction of rashness or precipitancy.

Mr. SYME seconded the motion. He said it had been urged that "moral suasion" should alone be resorted to, but it had not been found effectual. He had tried to induce the Council in one instance to represent a body to the Privy Council, but, after long consideration, it was deemed inexpedient to do so. With all his admiration for "moral suasion," which had been greatly applauded and toasted among them, he did not think it would prove adequate to meet the necessities of the case.

Mr. ARNOTT maintained that compulsory powers were not necessary, and ought not to be granted. With regard to the expression "moral suasion," he was not in the habit of using it, and did not choose to adopt it. He contended, however, that the wishes of the Council had, to a certain extent, been carried out. With reference to preliminary education, for instance, what had the College of Surgeons done only the last year? In deference to the requirements of the Council, the Examiners had refused to allow thirty-four students to begin their professional education. Was not that better than going to Parliament? Moral suasion had been sufficient in England, and would continue to be so, and was much more likely to be successful in the end than the exercise of any arbitrary powers. It was sufficient for the public interest that students should know, before they commenced, what was required of them in regard to preliminary education. Some general scheme ought to be laid down to secure uniformity, not leaving some men to be too indulgent, and others too severe. He believed that the Apothecaries' Company was more severe than it ought to be, for no fewer than seventy young men had in the past year been refused permission to commence their education. This had partly arisen from the absence of any definite statement as to what was really required. They might rely upon bodies like the College of Surgeons doing all that was required of them, and more; but it was idle to suppose that the same results could be produced by any arbitrary powers. The feeling of Parliament was sufficiently indicated by the action taken with regard to public schools. The regulation of the education was not to be left to the Privy Council, or any other body, but to the head masters themselves. That showed the desire of Parliament not to interfere unnecessarily in the matter. He (Mr. Arnott) should feel it his duty to oppose the resolution. Whatever might be the case in Scotland or Ireland, the existing system had answered sufficiently in England.

Mr. COOPER said it had been alleged that ten gentlemen had been admitted on the register at Apothecaries' Hall without having passed through a preliminary examination, and this was considered an infringement of the requisition of the Medical Council. He had thought it right to inquire into the subject, and he found that seven out of the number had been previously examined at the College of Surgeons, and admitted on their register: two others had since undergone a preliminary examination.

Mr. HARGRAVE thought they were beginning at the wrong end, seeking for Parliamentary reform when they ought to be looking at the questions of registration, education, and the like. He objected to the constitution of the Council as being almost exclusively medical. There were but two pure surgeons on the Council. ("Names, names!") They were Mr. Arnott and Mr. Hargrave. (Much laughter, and cries of "Syme.")

The PRESIDENT hoped Mr. Hargrave would not be personal.

Mr. HARGRAVE said he did not regard Mr. Syme as a totally independent man (laughter). He was naturally desirous of protecting the interests of the institute at Edinburgh; and Mr. Cooper was interested in a medico-chirurgical body. The Crown, he thought, had been badly advised with regard to its nominations, the six members comprising five medical men, and only one surgeon. He did not think that fair or equitable. He did not think it right that so much power should be given to two-thirds of the Council as was sought by the motion to entrust to them. The powers of the Bill had not as yet been fairly tried.

Dr. CORRIGAN moved as an amendment, "That the whole Medical Act be taken into consideration, clause by clause, for approval or amendment; as the taking into consideration only three clauses must lead to an imperfectly considered Bill which would not command attention from the Legislature." He said he had already expressed his views on the subject, and need not therefore repeat them. The essential difference between the Irish and Scotch Branch Councils was this: both agreed that the Council should have power to enforce a minimum of education, preliminary and professional; but the Irish Branch thought that the regulations of the Council should not be considered obligatory until they had received the approval of the Privy Council; the Scotch Branch thinking that no such assent should be required, but that any body not complying with the regulations should have the right of appealing to the Privy Council. He was not aware of any board possessing such a power as was sought by the present motion; and to confer that power would be to act in contravention of the principles of the constitution under which we lived. In Ireland, no board was possessed of such arbitrary authority. No orders of inspectors or commissioners in lunacy, for instance, were valid without the sanction of the Privy Council; and the orders of Poor-law commissioners required the assent of the Lord Lieutenant. He did not think that the University of Edinburgh would tolerate the exercise of the powers sought to be conferred on the Council. If the regulations were subject to the approval of the Privy Council they would have publicity, and every opportunity would be afforded for consideration and discussion. According to the proposed scheme, the Council would be both judge and jury; it would have the power of condemning a man, and, after depriving him of his living for six months, permit him to appeal to the Privy Council. He did not think that the Legislature would grant such powers as were sought by the motion. He thought Mr. Hargrave was mistaken as to the supposed readiness of the College of Surgeons to comply with the regulations of the Council. He believed there was a resolution passed by that body to this effect: "We do not comply with the demands of the Medical Council inasmuch as other bodies have declined to comply with them."

Dr. SHARPEY seconded the amendment. He thought there was great weight in Dr. Corrigan's remarks as to the inexpediency of going to Parliament with an imperfectly considered Bill. It did not follow, if the amendment was adopted, that every clause of the Bill would be amended; but as a matter of form every clause ought to be read, and an opportunity given for discussion and amendment if desired. He was one of those who concurred entirely in the resolutions of the English Branch Council, and assisted in shaping the resolutions which were passed. At the same time he ought to say, both for himself and his colleagues, that they did not feel themselves irrevocably bound by those resolutions, but were quite ready to follow any other course which could be maintained by reasonable argument. With regard to the proposal brought forward by Dr. Corrigan, and which substantially differs very little from that proposed by the Amendments Committee, he thought there had been sufficient reasons stated against it in the resolution of the English Branch Council, which would render it superfluous to go into the objections to that proposition. The proposition of the Scotch Branch was, no doubt, very specious; but he thought there was an erroneous notion underlying all these resolutions—that of bringing about an exact uniformity of practice in medical education and examination which, if it were desirable, was not attainable without an entire change in the Medical Act and in the constitution of the Council. There was, indeed, a measure brought into Parliament conferring upon a Medical Council, differently constituted from the present, authority to institute a course of education and examination for all who desired to be registered as general practitioners; but the Bill did not become law, and the present Act was upon an entirely different principle. The framers of the Act went upon the understanding that they were to leave the mode of conducting medical education and examination where they found it, with the various universities and licensing bodies in the country. The whole tenour of the Act was to that effect; it gave the Council the supervision of medical education, but not a direct and immediate control. It was never intended to crush all the different modes of education required for the different degrees into one mould; but they were to take care that the education of those who were entrusted with the health of the community should not fall below a certain standard, or rather that it should rise above it. The Council had power to promulgate its views on the subject, to be present by deputy at the examinations, and further, to represent any case of recusancy to the Privy Council. There were no doubt cases in which the Council, by friendly communication or by temperate remonstrance, could influence the different bodies, and he thought that there had been in many respects a wonderful amount of accordance with the recommendations that had been issued. He should be glad if some of his Scotch friends could devise some medium course, in the way of penalty or otherwise, between the "moral suasion" and the *ultima ratio* of an appeal to the Privy Council; but he feared that they must continue to rely only upon the moral suasion and public opinion. Various improvements had been brought about without anything more than mere remonstrance, and there was on many points a very general unanimity. The Council could exercise beneficially a general supervision, but could not with advantage lay down any special order of study. There were different courses pursued at different universities and schools, and regulations that would be applicable in one case would be totally inapplicable in another. Any attempt to interfere in the way suggested would certainly be resisted; an appeal would be made to the Privy Council, and then in what better position would the Council be than it was in at present? He agreed

with those who thought it inexpedient to ask for new powers while those already possessed had been untried. It was said that the present mode was cumbrous, and that it would be much better to let the Council effect what it desired, subject to appeal on the part of the different bodies. He at one time considered that that was a right mode of procedure; but on further consideration he felt satisfied that it would fail. The points pressed by the Council on the licensing bodies would be either worth contesting or they would not, and if they were not he had no doubt they would meet with general adoption. It would make no practical difference whether a licensing body went to the Privy Council by appeal or in answer to a presentation. It would come to the same thing in the end, with this difference perhaps, that it would be more inconvenient for the Medical Council to have its regulations disallowed than to fail on presentation. He did not think that Parliament would give the large powers sought by the motion. The best course that could be adopted was to use the authority already conferred of being present at the examinations; and where the examinations were by papers, the papers should be called for, so that the Council might judge of the manner in which the candidates acquitted themselves. The objection that had been raised to the Council exercising the authority in question was that it would be attended with considerable expense. He had been considering that question, and he should be prepared to go to Parliament, and ask, with the sanction of the Lords of the Treasury or the Home Office, that a number of inspectors of examinations should be appointed by the Council, and that provision should be made for their payment by the residue, if any, of the moneys to be paid for the carrying out of the Act, and any further moneys that might be provided.

Dr. CHRISTISON thought Dr. Corrigan was right in stating that, before they went to Parliament with an application for an amended Act, they ought to go through the Act and ascertain what amendments they desired should be made. Besides, in going through the Act in the way proposed they would be able to gain a good deal of information. For instance, in dealing with Section 4, they might have the opportunity of learning from a gentleman opposite, who had not exactly as full trust in the Medical Council as many gentlemen had, how the Council could be better organized. He himself believed that it might be better organized. It was a matter of very serious consequence. He knew that their first president, who paid more attention to this matter than any other member of the Council, was of opinion that the organization of the Council was not satisfactory. That was a question upon which the opinion of the Council ought to be taken; because the general opinion was that they had been meeting for many years and had not done much. They had done something; but they had not done so much as the profession expected, and not so much as he himself expected. Therefore he was quite prepared to accept the motion of Dr. Corrigan as preferable to the motion of Dr. Wood—that they should first take up the amendments proposed by the various Branch Councils. Upon the subject of that motion he had very little to say. They had had a great deal of information brought forward in a desultory manner upon many points. It was inseparable from such a discussion that it should be desultory. He should not endeavour to make it more so, but would simply state that while he adhered fundamentally to the principle of the proposal of his own branch of the Council, he thought it was a mistake to ask for the summary powers which that branch of the Council had done. He had always been of opinion that they were asking too much, and, finding that it was objected to by most of the gentlemen who had spoken, he would revert to his original opinion upon the subject by supporting the amendment of Dr. Corrigan. He thought there were good reasons, even though they should adopt the principle that the regulations should be carried by two-thirds of the Council, why those regulations should have the sanction of the Privy Council before, and not after, a violation of them by any of the licensing bodies. He did not know whether this view would mitigate Mr. Arnott's opposition; but it appeared to him that the adoption of this principle would go a great way towards effecting a reconciliation of the opinions of different gentlemen. He agreed with Mr. Arnott that they must take care not to pass rules of too rigorous a nature respecting medical education; they must take care not to borrow a prejudice from their knowledge of the method in which education is carried on in their own schools, and thus to be led to dissent from any proposition that the system of education should be carried on in another way. It was a mistake to suppose that a good object could only be accomplished in one way. Many objects might be accomplished equally well in various ways, and he was satisfied that the question of medical education was one of these. But he thought Mr. Arnott was wrong in supposing the Medical Council were likely to lose sight of this principle. He believed they were all satisfied that there were various ways in which medical and surgical education could be carried on equally well. With regard to the proposal that their rules should not be valid unless they were first approved by the Privy Council, he thought the Council would agree to that, as it was merely carrying out the general principle which, according to Dr. Corrigan, regulated the proceedings of many public bodies in this country. There was another point to be considered; it was this, that the Council were not attempting to legislate by this amended Act. In attempting to exercise more power than they at present possessed over the various public bodies, they were not attempting to regulate the course of education for degrees, for fellowships, or for memberships, but only for the general course of education; they were merely endeavouring to carry through with more efficiency the powers that had been granted to them—namely, to regulate that amount of medical and surgical education which should be requisite for the fitting discharge of the profession by every gentleman who embraced it. That was all they asked and desired.

Dr. STORRAR said, as he supported very cordially the motion of the English Branch Council respecting Clause 31, he was desirous of stating his reasons for opposing the motion of Dr. Andrew Wood, and also the amendment presented by the Irish Branch Council.

Dr. ANDREW WOOD said he was quite ready to adopt Dr. Corrigan's amendment; therefore, if Dr. Storrar was going to apply his observations to the motion he had brought forward, he begged to say that he was willing to withdraw it.

Dr. STORRAR said he did not wish to occupy the time of the Council unnecessarily; therefore, if Dr. Andrew Wood withdrew his motion in order to accept the motion of Dr. Corrigan, he had no further observation to make at present. He should defer what he had to say to another occasion.

Dr. ANDREW WOOD said, if he could not withdraw his motion, what he proposed to do, with the sanction of the Council, would be to propose a substituted motion.

The PRESIDENT said that could not be done; but Dr. Andrew Wood could, with the consent of the Council, withdraw his motion.

Dr. ANDREW WOOD intimated that he should do so.

Dr. CORRIGAN said he could scarcely agree to this course, because the amendment referred to the motion; but it was open to Dr. Wood to adopt this course—to let the amendment be carried and let his own motion be lost, and then the amendment could be put as a substantive resolution.

Dr. ANDREW WOOD said he had no objection to consider the Bill clause by clause.

The PRESIDENT said, if the withdrawal of the original motion was objected to, he should have to put the question in the usual form. According to the Standing Orders, he would put the amendment of Dr. Corrigan first.

Dr. PAGET said he would venture to remark that if they proceeded to take into consideration the whole of the Medical Act clause by clause, beginning with Clause 1, they must be prepared to sit there a very long time. The great majority of the clauses would give rise to some discussion, and they could scarcely hope to get through the Act in the course of the present session. He would suggest that the same end might be attained in a shorter way by discussing the more important clauses first—those which they thought stood most in need of amendment; and then, having decided upon their course with regard to those three clauses, they could go more quickly through the other clauses, so far as they had a bearing upon the three in question.

The PRESIDENT stated that Clause 20 was still under discussion, and that it was competent to Dr. Paget to discuss it forthwith.

Dr. PAGET did not think he was quite prepared to express any opinion upon that clause at the present moment, except to say that he still agreed with the resolution of the English Branch Council. There was one particular objection to the Irish proposal, which was, that if they had to go to the Privy Council to confirm their regulations or recommendations, there would be very great inconvenience afterwards if they had to go to the Privy Council every time they wanted to modify them. It would be a troublesome way of doing their business. For himself, being a comparatively new member of the Council, he was not so much influenced by the apprehension that their powers were inadequate to what they had in view. His belief was that if the powers which the Council possessed under the

original Act—the powers of visitation at examinations and of representations to the Privy Council—were wisely exercised, and only in cases of importance, they might be exercised boldly, and would be found quite sufficient for the purpose. It should be remembered, if it were found necessary, in the case of any recusant body that declined to comply with the recommendations of the Council on a point of fundamental importance, to apply to the Privy Council, that this would be an appeal, as it were, to public opinion which would hold up the licensing body as granting diplomas on insufficient grounds, and would damage their licences in public estimation. But he would not advise going to the Privy Council on points of mere detail, or on points on which they as a Council were equally divided, for in that case they would be liable to be beaten. He still adhered to the opinion that they should exercise the powers they already possessed before going to Parliament to ask for more powers. The Home Secretary would be sure to inquire, "What powers have you?" He would then ask, "Have you exercised them? have they failed?" No, they had not exercised them; they had not even tried to do so. Then they would be met with the rejoinder, "How do you know they would fail? Why ask for more before you have tried what you already possess?" That would not apply to Clause 40, because that clause had been tried; but it did apply to Clause 20. His belief was that the powers were adequate for any case that deserved the trial; he should therefore vote against any amendment of the Act in this particular.

Dr. STORRAR said he sat down under the impression that the motion was abandoned altogether, but the President had intimated that it was not abandoned, and Dr. Paget had stated in better terms than he could himself express some of the reasons why he (Dr. Storrar) also adhered to the recommendations of the English Branch. Dr. Storrar proceeded to call the attention of the Council to the circumstances that had led to the proposed amendment of Clause 20. At the meeting of July, 1861, a resolution was passed to the effect that the time for commencing professional studies should be understood to be the time of commencing studies at a medical school. It was afterwards discovered that the College of Surgeons permitted, if it did not favour, another mode of commencing the preliminary education; upon which Dr. Andrew Wood, on a subsequent occasion, called the attention of the Council to the circumstance, and brought forward a motion declaring that this practice of the Royal College of Surgeons was not in accordance with the recommendations of the Medical Council, and were not such as to secure the possession of the requisite knowledge and skill for the efficient practice of surgery. The College of Surgeons, he urged, were adopting a system of preparation for instruction that was inconsistent with the views previously expressed by the Council. But when this motion was put to a division, it appeared that there was a majority of the Council against it. And there the question remained. When any impartial person looked through the minutes, and endeavoured to ascertain the mind of the Council upon this point, they would find themselves in front of this dilemma, either that the Medical Council felt itself wrong in the resolution which it had previously passed, or that it had not courage to go forward. Was the Medical Council wrong? He did not think the Council was wrong; but he was under the impression that the Council had not courage to go forward. An attempt was made by Mr. Teale to bring the College of Surgeons round to a better frame of mind by the moral influence of a resolution which he proposed, and which was adopted by the Council. The Council by that resolution was willing to consent to one of the four years of study being spent in some sort of education away from the medical school (in an hospital, dispensary, or union workhouse, where the student was the pupil of a regular member of the profession); but the Council still held to the ground that it was not expedient that medical study should be commenced otherwise than at a medical school. Notwithstanding this, still the College of Surgeons adhered to its original resolution. It had modified the frame of its requirements a little by attaching conditions to the pupilage of the first year in the country, not at a medical school; still, essentially, it held by that principle to which this Council most distinctly objected. That being the case, he maintained that the Medical Council refused to go forward, and many of them were under the impression that it was owing to the want of proper courage. What was the remedy proposed for this? The remedy proposed was that they should get more compulsory powers conceded to them by the Act. He confessed he had never heard any statement so illogical. They had got an instrument in their hand, the efficiency of which they had refused to try, and, therefore, they asked for another instrument—an instrument which he thought might be clearly shown to be really a dangerous instrument in the hands of the Council. He was prepared to say as much as this, that it was a clear and distinct intention on the part of the Legislature, as communicated to him by Mr. Walpole, that all the medical bodies connected with the Council should be left in a state of freedom to conduct their modes of education in the manner which they considered most proper, but under the supervision of the General Council, so far as the General Council should be enabled to represent to the Privy Council any defect in their system of education. He was prepared to say that this Council was incompetent to take out of the hands of the nineteen different bodies represented at the Council the duties of administering and carrying out the education and examination of the medical practitioner. When they considered the infrequency of the meetings of the Council, the great expense of those meetings, the great difficulty of arriving at simple general conclusions amongst the members, owing to the diversities of systems of education that prevailed, and owing to the diversities of opinions entertained by individual members coming from these different bodies, he did not think they could lay down any system beforehand, even of a general kind, which it would be desirable to impress upon all the examining bodies with rigid, hard, unrelenting closeness. Moreover, just see what the effect would be. It would lead up to a divided administration in every one of these bodies. Nothing could be more perplexing in the conduct of business than to have one body saying, "You must do this, but you must not do that." It was an utter impossibility to draw the line, and say where the powers of the General Council should end, and where the powers of each individual body should begin, under such a system as that proposed by the Scotch and Irish Branch Councils. If they were to alter the present system by leaving the several examining bodies at liberty, he saw no alternative but to go back to the opposite extreme, and take away from all the bodies, universities and medical corporations, the right of educating and of examining, and to have common inferior licences—that is to say, to fall back upon that system which has had its advocates in the country, and which is commonly known as the "common portal" system. That would involve the necessity of adopting a machine entirely different from that which at present exists in the General Council. It was, therefore, because he thought they had not a case to justify their going for this amendment of Clause 20, because they had not used Clause 20 as it stands, that he was satisfied the Legislature, looking to the action of the clause proposed as a substitute for Clause 20, would say that it would lead to a divided authority, which must be pernicious to the medical profession.

Dr. AQUILLA SMITH said it appeared to him, as far as he was able to collect the opinions of the Council, that they would very likely be unsuccessful in applying to Parliament for a new Bill before they had exercised the powers already vested in them. It was the duty of the Council to test those powers before asking for further powers; and they were not in a position to allow of any further delay. Every member of the Council was well aware that one or more licensing bodies had disregarded the recommendations of the Council in the matter of the registration of pupils. It would be found, when the committee came to examine the returns sent in, that the system, as attempted to be carried out, has proved so utterly fruitless that the Council must devise some other means of enforcing its recommendations. Then there was another point in which some of the licensing bodies had disregarded the recommendations—that is, the period at which the preliminary examination for medical study should take place. And he thought there was another point of still higher importance where their recommendations had been disregarded—and that was, that licensing bodies granted qualifications to young men who are not of age. It was a recommendation of the Council that no gentleman should be admitted as a qualified practitioner in any department, or be entitled to register, at any age under twenty-one. Now, if the Council were willing to test their powers,—and he maintained that they were not in a position to go before Parliament until they had tested those powers,—here was a proper occasion, the disregard of the recommendation that no young man should have a qualification to practise under the age of twenty-one. It would probably save a great deal of time if the Council would seriously take into consideration the question whether they would appeal to the Privy Council or not against these licensing bodies. It would shorten the debate very much.

Dr. QUAIN, who was nearly inaudible at the reporter's table, was understood to suggest that the whole question of amending the clauses of the Medical Act should be referred to a small

committee, with instructions to throw them into the form that they thought most desirable, and to bring them before the Council. He thought this course would meet the views of Dr. Storrar and Dr. Corrigan, and save a great deal of the time of the Council. Due notice, however, of proposed amendments ought to have been given, because the Council was unprepared to take the Bill and discuss it clause by clause. It would be better to take the discussion upon the clauses that they had discussed in the Branch Councils than to bring forward amendments with regard to the whole Act. And with regard to the whole Act the point of importance seemed to be this, whether they should, first of all, adhere to the present system—that is, make rules, and if they were opposed, appeal to the Privy Council in order to have them enforced; or whether they should, as proposed by the amendment of Dr. Corrigan, make rules and then submit them to the approval of the Privy Council before they were enforced. This seemed to be the real point for discussion.

The resolution and amendment were then read by the Secretary. In accordance with the standing orders, the amendment was put first; and the voting was as follows:—

For the amendment...	7
Against it	11

The PRESIDENT declared the amendment lost, and was about to put the orginal motion, when

Dr. ANDREW WOOD, the mover, asked to be allowed to propose a substitute for his motion.

The PRESIDENT said the original motion could not be withdrawn, but it was open to gentlemen to bring forward a second amendment.

Dr. EMBLETON proposed that the discussion on Clause 20 should be postponed until the following day.

The PRESIDENT: The discussion on Clause 20 is closed so far as this motion is concerned.

Dr. EMBLETON: The amendment has been put, but not the motion.

The PRESIDENT: Exactly so. I must put the original motion now.

Dr. QUAIN: That will be substituted for Clause 20 of the Act, if carried?

The PRESIDENT: Yes.

Dr. QUAIN: Then it will be competent to move another amendment of Clause 20.

The PRESIDENT: Certainly.

Dr. QUAIN: The discussion on Clause 20 is not closed?

The PRESIDENT: Certainly not.

The original motion was then put. The numbers were as follows:—

For the motion...	3
Against it	14

The PRESIDENT declared the motion lost.

Dr. ANDREW WOOD: I suppose it is competent to bring forward another motion on Clause 20.

The PRESIDENT: Certainly. It will be quite competent to go on with it to-morrow morning. You will give notice of the motion.

The Council then adjourned.

WEDNESDAY, APRIL 5TH.

The entire day was occupied in discussing the propositions of the three Branch Councils in reference to Clauses 20, 31, and 40 of the Medical Act.

In reference to Clause 20, Dr. ANDREW WOOD proposed the following resolution:—

"It shall be lawful for the General Council from time to time to lay down such regulations respecting the education and examination of practitioners in medicine and surgery as may appear to them fitted to ensure adequate knowledge and skill in the practice of their profession. And the said General Council shall submit said regulations to her Majesty's most honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in the Act. And it shall be lawful for the Privy Council, upon its being represented to them that any university, college, or other body enumerated in the Act, does not comply with such regulations, to declare that any qualification granted by such university, college, or body shall not confer any right to be registered under the Act. Provided always, that it shall be lawful for her Majesty, with the advice of her Privy Council, when it is made to appear to her upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of its course of study or examinations, or the mode of conducting its examinations, to revoke any such order."

To this an amendment was proposed by Mr. SYME—

"That Clause 20 stand as at present, and that if any of the bodies mentioned in Schedule A shall decline or neglect to comply with the recommendations of the Council in regard to education, whether preliminary or professional, the Council shall, if it see fit, express its disapprobation."

This amendment was put and lost, 10 voting for, and 11 against it.

Another amendment, moved by Dr. EMBLETON, "That Section 20 of the Medical Act of 1858 stand as at present," was carried by 11 against 9.

The amendment then became a substantive motion, and was put as such.

To which Dr. PARKES moved an amendment, founded on the proposition of the Scotch Branch, with certain alterations; but this was lost, and the motion for retaining Clause 20 as at present was carried.

On Clause 31 no proposal for amendment was made, but a motion was passed deferring the consideration of the clause till the Council should be made acquainted with the provisions of the Pharmacy Bills now before Parliament.

On Clause 40, Dr. QUAIN brought forward the proposition of the English Branch Council.

Dr. ANDREW WOOD proposed the resolution adopted by the Scotch Branch, but subsequently assented to a modification of the English Branch resolution, which passed *nem. con.*, as follows:—

"Any person practising medicine or surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of physician, surgeon, doctor, professor of medicine, professor of surgery, or any other title, name, or designation used by, or used to distinguish, duly qualified practitioners in medicine or surgery, shall, upon a summary conviction, be liable to a penalty not exceeding £20 for each offence."

An amendment proposed by Dr. CORRIGAN to substitute the Irish clause received only four votes.

THURSDAY, APRIL 6TH.

The Council met at two o'clock, when communications were read from the Directors-General of the Army and Navy Medical Departments, relative to the Examinations of Candidates for Medical Commissions.—(Minutes General Council for May 7, 1864, No. 60, p. 6; and Minutes Executive Committee for June 24, 1864, No. 37, p. 7.) They were ordered to be printed.

The Report of the Committee on Communications relative to the Amendment of the Medical Acts was brought up by Dr. Embleton, and ordered to be printed.

The Council then resolved itself into a Committee on Education, and proceeded to a debate on the visitation of examinations.

*** A full report of the proceedings on Wednesday and Thursday, of which a summary is here given, will appear in our next impression.

Correspondence.

"Audi alteram partem."

MR. SYME'S LECTURE AND LETTER ON ACUPRESSURE.

To the Editor of THE LANCET.

SIR,—Before Mr. Syme again ventured to write upon the subject of acupressure in your pages or elsewhere, he was surely bound—by all the acknowledged rules of civilized life—to apologize in the first instance both for tearing up in mediæval licentiousness my obnoxious pamphlet in the face of his students, and for the language which he used upon the subject there, as well, perhaps, as in the hall of the Medico-Chirurgical Society of London. His new letter to you of Saturday last only aggravates, I fear, his unhappy position, by being filled with new

and characteristic misstatements. These misstatements refer to three points. Let us take them up in his own order.

1. The so-called lecture, or combination of lectures, with which his letter is prefaced, is professedly given by Mr. Syme as showing that he could not "deserve the vituperation" he had met with on account of the violence of his language &c. regarding acupressure. In corroboration, he appeals to the conjoined lectures as now published; and he roundly asseverates that it contains "a *complete and accurate* statement of what had been said" by him on the subject on the different occasions (three, I believe, in number) on which he adverted to it in his winter's course. But instead of being "complete and accurate," this report of his sayings in your pages is purposely mutilated and mollified. For example, it omits all mention of the word "foolish," to which he so strongly objected in both his oral lecture and first published letter when he thought it applied to himself, yet which he has unhesitatingly and repeatedly applied to others.* It omits the word "quack," to which I objected. It omits entirely the claim which he preferred to his class of being himself the suggester or inventor of acupressure; for Mr. Syme, as is well known, is much in the habit of arrogating as his own almost everything new that appears in surgery. On one of the occasions last winter on which he publicly discussed acupressure, he informed his students that if there was any merit in this hæmostatic measure it was his, as he had first used it. I have shown in my pamphlet (p. 34), or volume "On Acupressure" (p. 308), that in the case on which Mr. Syme founded this strange claim for priority, acupressure was not employed at all. He now suppresses this claim and other things in this avowedly "complete and accurate statement."

2. Mr. Syme, in a high moral strain, complains to your readers of the Edinburgh newspapers having taken up the subject, and professes his "unwillingness to discuss" professional subjects in them. In this matter I most heartily agree with him. But such an affectation of prudish virtue on Mr. Syme's part appears rather strange to his fellow-citizens and fellow-practitioners here, when coming from such an old offender, in this very matter, as Mr. Syme is. During the "forty years" of his somewhat quarrelsome public life, the Edinburgh newspapers have, I believe, been seldom free for any great lapse of time from reports of jury-trials instituted by or against Mr. Syme, or addresses or letters published by him, and generally implicating some professional brother or other upon some professional matter. On the occasion of the present discussion Mr. Syme's chief professional "associate"—to use Mr. Syme's own term—opened the columns of our most widely circulated daily journal by there inserting Mr. Syme's former letter to you of 11th March; and he headed it by a short editorial paragraph. I answered this by an abridgment of the letter inserted in your columns on the 18th March; and I willingly appeal to your readers whether or not I there, in self-defence, indulged, as Mr. Syme complains, in "vituperation" and "virulent abuse." If anyone has described him (as he states) as "devoid of head," &c., it was not I; and I know not who did so.

3. But, after all, the principal matter in Mr. Syme's new letter is his pretension of relating to your readers the results of all the acupressure operations lately performed in the Royal Infirmary of Edinburgh. In doing this he has systematically violated his own recorded ideas and canons of professional etiquette, by publishing the cases of other surgeons totally without their knowledge or consent, and without himself even seeing them. But he has done what I fear I cannot characterize otherwise than as a far more grave and reprehensible proceeding: namely, he has deplorably misrepresented the facts of the cases, as far as acupressure is concerned; so that thus, on that subject, his "brethren" are—to reiterate his own too significant words—"misled by statements which have no foundation in fact." (See his own letter to you of Saturday last.) His colleagues, Dr. Watson and Dr. Gillespie, will betimes, I believe, publish those cases of theirs which Mr. Syme takes it upon him to report, and the sad extremes to which his hatred of acupressure has carried Mr. Syme will then doubtless sufficiently appear. Mr. Syme pretends to give the statistics of five cases of acupressure treated by his colleagues. The first case is, perhaps, for my present purpose, a sufficient example of the whole. Mr. Syme describes as "Case 1. Amputation of forearm. My house-surgeon was called up on the following night on account of hæmorrhage." I am assured by both Dr. Watson and his house-surgeon, Mr. Moir, that this statement is simply a fiction. And so on.

In contrast with his alleged statistical results of five cases of acupressure, Mr. Syme, in the second paragraph of his lecture, places the alleged results which he avers he has lately obtained by the use of deligation. He omits of course any mention of unfavourable cases, but specially appeals to five instances of excision of mammary tumours, "in all of which the result was *union by the first intention*." I am very sorry indeed to follow Mr. Syme's wrong example of referring to the cases of others; but, in the cause of scientific truth, let me observe that to-day, in the presence of several medical gentlemen, one of Mr. Syme's own officials admitted to me that all the five cases suppurated more or less; and a student of Mr. Syme's, who formed one of the party, stated that in one of the five, which was brought into the class to show as an instance of union by the first intention (the only one he remembered seeing there), a quantity of pus poured out when the plaster was offered to be removed.

In reference, however, to these and to any other statistics which Mr. Syme may hereafter furnish, either for or against deligation or acupressure, it is specially to be remembered that his avowed ideas on such subjects are peculiar, and probably unique. For only last year, after being driven to admit, partially and reluctantly, a grave error in medical enumeration, he ultimately and publicly avowed that in his opinion, in regard to a question of "precise numbers," "a few hundreds more or less do not seem to be of much consequence"*—a doctrine which I fear most medical men would find rather objected to by their bankers, or indeed under any other practical circumstances whatever, except perhaps in matters connected with clinical surgery.

A few years ago a great practical surgeon and admirable operator (who has adopted from others and powerfully promulgated many surgical improvements, but who himself is guiltless, as far as my imperfect knowledge goes, of having introduced during his long career a single new principle or a single new operation of any moment into surgery) took up the cure of urethral strictures by Tolet's operation of dividing the diseased canal upon a grooved staff. When the new, or rather revived, operation was passing through the usual initiatory ordeal of professional opposition, its patron, irritated by the objections urged against the practice, fiercely denounced—I use his own words—"the cavils, misrepresentations, and falsehoods of those base spirits who have vainly attempted to oppose a great practical improvement."† I should feel very sorry indeed to be the author of such censurable and unwarrantable language, and have not the most distant wish to apply it against the opponents of acupressure. But I may be excused perhaps for quoting it, at least on the present occasion, as the language is Mr. Syme's own, and the words are those in which he declaimed against those gentlemen of his profession who opposed external urethrotomy.

I am, Sir, yours, &c.,

Edinburgh, April 3rd, 1865. J. Y. SIMPSON.

P.S.—As I have my pen in hand, allow me to add that within the last two days one distinguished hospital surgeon at a distance has informed me that he has used acupressure "in three cases of amputation of the thigh, in three of amputation of the leg, in two cases of excision of the mamma, and in one of removal of the testicle—in all with perfectly satisfactory results." Another writes me that he has used it in "at least twenty operations of serious importance with most satisfactory results, and in no case has there been sloughing, profuse suppuration, or pyæmia." Besides these, he has employed it in "innumerable minor cases with similar satisfactory effects," &c. &c. J. Y. S.

To the Editor of THE LANCET.

SIR,—In THE LANCET of April 1st, I see a letter from Mr. Syme, which purports "to relate all the needle operations performed in the operating theatre of the Royal Infirmary."

At first, I took it for granted that this summary of five cases must have reference to operations performed by Mr. Syme himself, because I had a difficulty in identifying any of them with my own, and also because I never for one moment supposed that Mr. Syme would publish an account of cases which he never even saw, and which were under the care of his colleagues, without in the first place communicating to them his intention, and obtaining their authentication and permission. When,

* See, for example, his reply to Professor Miller in the *Monthly Journal* for 1851, p. 333; and the preface, p. vi., to his "Observations on Clinical Surgery," 1861.

* See the British Medical Journal for 2nd April, 1864, p. 381.
† See the Monthly Journal of Medical Science for 1851, p. 457.

however, I was led to conclude that the cases 1, 4, and 5 in Mr. Syme's letter really referred to cases of mine, I still should have taken no exception to this statement of them, had the account either emanated from one of less authority, or been characterized by greater accuracy and completeness. I had, in fact, no wish to publish any account of my cases of acupressure, till, from further experience of this procedure, I had accumulated a greater mass of facts, and so elaborated my views as to make them worthier of professional attention. But, in present circumstances, it appears to me that the cause of truth requires me to bring the results of such an experience as I have had before the profession without delay, lest, on the one hand, I should rest under the imputation of remaining silent, and seeing my professional brethren "misled by statements of success which have no foundation on fact;" or, on the other hand, lest my silence should be construed into an assent in the accuracy and completeness of Mr. Syme's summary of those cases which were under my care.

I propose, therefore, to prepare a paper on this subject, containing a narrative of all the cases in which acupressure has been employed by me, accompanied by such clinical and explanatory remarks as may seem to be requisite, and shall feel obliged by your giving it early publicity.

I am, Sir, your obedient servant,

PATRICK HERON WATSON.

Charlotte-square, Edinburgh, April 4th, 1865.

To the Editor of THE LANCET.

SIR,—In the letter from Professor Syme, which appeared in your last number, allusion has been made to two cases under my care in the hospital—viz., excision of the knee-joint, and amputation at the ankle. These cases have been cited, without any authority from me, as illustrations of acupressure, and I therefore beg that your readers will suspend their judgment, so far as they are concerned, till a full report is given of them, which I purpose doing whenever I have given to acupressure what I consider a fair trial.

I am, Sir, your obedient servant,

JAMES D. GILLESPIE, M.D., F.R.C.S.E.,
Surgeon to the Royal Infirmary.

Castle-street, Edinburgh, April 4th, 1865.

*** We shall be happy to insert the reports of these cases. We trust, however, that Dr. Watson and Dr. Gillespie will be as brief in the narration of the cases as is consistent with the circumstances. Obviously we should be unable to find room in the columns of THE LANCET for a series of detailed clinical reports of cases, of which the sole interest lies in the application of acupressure.—ED. L.

THE OVARIOTOMY CONTROVERSY.

To the Editor of THE LANCET.

SIR,—In answer to Mr. Wells' letter in THE LANCET of March 11th, I would observe that your readers must bear in mind that the volume published by him brought his cases down to the end of 1864, and, therefore, my own, and those of Mr. Walne, Dr. T. Smith, Mr. I. B. Brown, &c., terminated also with the year 1864. Judge, then, of my surprise to find Mr. Wells striking out, first, the cases of Dr. T. Smith (twenty-five), as too few to admit of comparison; and, secondly, adding nine cases of his own, occurring in 1865, thus altering the results considerably to his advantage. I still adhere to the arrangement, as fairest, of including all cases requiring the peritoneal section, as everyone at all conversant with such cases will admit their great similarity in treatment, risk, and result. With respect to the three cases which recovered for a short time, but died soon after, I should like to ask, Where was I to arrange them? Amongst the permanent cures? Certainly not: as of the three the patient who survived longest lived but four months, and the wound was not healed at the time of death. It would have been equally unfair to arrange them as deaths from operation. The only fair mode which occurred to me has failed to satisfy. As to the comments on my remark that "I had not had the mortification of closing the abdomen over an ovarian tumour, which I could not extirpate in consequence of adhesions," I again repeat the assertion, because I do not close the abdominal cavity in any case, ovarian or uterine, but always leave an opening; while Mr. Wells entirely closes it, and, in consequence, is often under the necessity of liberating pus, blood, serum, &c., by the trocar afterwards. These two modes of practice are perfectly distinct from, and opposed to each other. Mr. Wells also quotes five cases from my earliest experience (twenty years back), at a time, the reader will understand, when I had nothing to guide or help me; when I had the operation to myself; when I had rather to originate than imitate plans of operation and after-treatment. The first case alluded to was, from oversight, misplaced in the summary amongst deaths after complete ovariotomy, instead of amongst the exploratory incisions. This deviation, however, makes no alteration in the general results. In this case, the incision was into an adhesion of the sac to the parietes, and, therefore, the abdominal cavity was not opened. The second case was one of ulcerative process; the abdomen was never closed until the case recovered. In the third case, the wound was nearly, but not closed; the ulcerative process established: the patient got well; is still living, though now twenty-two years ago. The fourth case: The abdomen was never closed until ulceration was completed; this was seventeen years ago: she is still living, has since married, and is now in perfect health. The fifth case: The abdomen was never opened, therefore required no closing; the incision went direct into an adhesion, it was drawn together temporarily, and subsequently extirpated; but she died on the sixth day. With respect to the illiberal doubt expressed as to the very existence of my cases over the last twenty-three years, it is too contemptible for me to reply to. The hundreds of medical men who have been present at my operations must feel the injustice of doubting not me only, but every ovariotomist who has not published his cases in detail in the form of a book. I have avoided this, in consequence of the useless repetition it would involve (sufficiently apparent in the volume in question), and confined myself to making public those cases only that had some peculiarity worth noticing.

In answer to Dr. Potter's letter, I beg to say the opinion I gave (on case, p. 103) was as I have before stated, and was repeated to two of the nearest relatives of the lady operated upon on the day of consultation and the day following. Dr. Potter states that I tapped the case without previously consulting the other two consultants. Does Dr. Potter mean that at a consultation of three I, as one, took upon myself to tap whilst the other two stood by and disapproved? Surely he would not put himself and Dr. Whitehead in so absurd a position. The simple truth was, my opinion was against the operation, when Dr. Whitehead, as the principal medical attendant of the family, suggested that if tapped more favourable appearances might show themselves. It was, therefore, agreed she should be tapped. I never for a moment intended to tap the patient, but I believe Dr. Whitehead expressed his wish that I should do it, and it was done, all three being present. Dr. Potter also says I was neither asked nor did I refuse to operate. Yet Dr. Potter admits Dr. Whitehead recommended me as operator, having previously operated in one of his cases successfully; and I feel convinced, if my opinion had been favourable, I might have operated, as the lady wished me to do it. Dr. Potter goes on to state, "None of us believed the disease malignant," and that it was "an ordinary innocent multilocular tumour." It is evident it was not innocent in this case. Mr. Wells, after the operation, said it was a most serious and complicated case, with considerable adhesions; and in his published volume (p. 103) he records it as a cysto-sarcomatous tumour. Dr. Potter also states that the lady chose rather not to undergo the operation than to allow of my again interfering. This, if true, was unnecessary, as I had determined not to operate. Again, Dr. Potter observes, that "the only adhesions he and Mr. Wells had to contend against were in the locality of the tapping." I was not aware before this that Dr. Potter was operator in part; but considerable adhesions were reported by Mr. Wells "to the side and front of the uterus, and we also detected adhesions to the abdominal wall." Further on, he says, "the cyst was firmly attached to the bladder, and to the right of the uterus and vagina and pelvic cavity." Compare the two statements, as well as the following. The case was operated on, on Friday mid-day, and the patient died on Sunday evening, a little over two days. Dr. Potter states she lived four days; Mr. Wells says, sixty hours.

I thank you, Mr. Editor, for the space afforded me for this reply; it is the last of this nature I hope to trouble you with.

I am, Sir, yours respectfully,

Manchester, March 14th 1865. CHAS. CLAY.

DILATATION OR DIVISION OF THE CERVIX UTERI.

To the Editor of THE LANCET.

SIR,—May I be allowed to answer some statements in your number of March 11th made by Dr. Marion Sims on the subject of enlarging the os uteri by artificial means, to which my attention has been drawn by many of my professional friends, but not in time to enable me to reply to them earlier.

Had Dr. Marion Sims confined his remarks to eulogizing the plan of dividing the cervix uteri with a knife, his views, although differing from mine, would nevertheless, so far as I am concerned, have remained uncontested. But when he repudiates dilatation as dangerous in all its aspects, and declares that division of the cervix is as safe as dilatation is hazardous, it is due to the younger practitioners whom he warns against acting too readily upon written evidence that some one whose experience on the subject may be allowed to be somewhat extensive should refer to the matter from a different point of view.

It is now many years since this operation was proposed by certain practitioners as a cure for dysmenorrhœa and sterility; and from that time I have repeatedly been consulted by women who, at different dates antecedent to my seeing them, had undergone the operation; and, except in one solitary instance, I have met with no one in whom pregnancy had supervened upon this mode of treatment; indeed, their application to me was consequent upon the failure of the plan which had been adopted.

The exceptional case was this. A lady to whom the birth of an heir was most important found herself with child, and sought my attendance when she had arrived at about the fourth month of pregnancy; telling me—without, however, attributing her pregnancy to the operation—that the uterus had six years before been operated upon; and so complete had been the division of the cervix that the finger could readily be introduced into the uterine cavity, and the membranes of the ovum could be touched, as they can be sometimes during the last days of gestation. The patient was an old friend of a physician whose name it is only necessary to mention to give assurance of his ability to judge of these matters; and I begged that his opinion might be asked in reference to the chance of a continuance of the pregnancy. His opinion corresponded with my own, and, according to our prognostications, abortion resulted but a few weeks afterwards, from the inability of the uterus to retain its contents. I need not say that the hopes of this patient are irreparably gone.

I could relate cases of cellulitis, of pelvic abscess, and of chronic as well as of acute metritis, depending entirely upon the performance of this operation; but the following case will show some of its ill effects. A lady arrived in London in a deplorable condition, the effect of an operation upon her uterus which had some time before been performed. She was most desirous to reach home, and had been permitted to do so only upon her urgent entreaties, because her general condition was such as to give alarm lest she might not accomplish her journey. The physician who had been attending her, whose advice was sought after the operation had been performed, and when its bad effects became apparent, wrote to me, begging me to give her my most serious attention. It was desirable that she should be often seen; and Mr. Morgan, of Sussex-place, kindly undertook the charge of her, living as he did near to her own residence; and he and I conjointly attended her for months during the formation of an extensive pelvic abscess, which ultimately discharged itself into the intestine, and she recovered, but with this result: her uterus is permanently fixed to the left side of the pelvic cavity, and any chance of future conception is totally at an end.

I could relate cases of alarming hæmorrhage immediately following division of the cervix, and others in which the lamentable consequences were deferred, and in which death ensued, and I confess I was surprised to find that Dr. Marion Sims had been assured by some of the promoters of this plan of treatment that they had never met with hæmorrhage; for I fancied that my memory carried me back to evidence of a contrary nature. But of this I will say no more.

The treatment of sterility is but seldom called for, except by those in the more wealthy classes of society, as the birth of children to persons amongst other classes is comparatively of less importance; and hence experience is gained in matured private practice rather than in hospitals. It seems incumbent on those, therefore, who have had the opportunity of treating cases of this kind, to make public their experience; and I am sure that those of your readers to whom I am known will give me credit for stating the truth, when I say that there are numbers of women in the upper classes of society who would sacrifice half their lives to become mothers, but who, from having undergone the operation of division of the cervix uteri, have lost all chance of being pregnant.

I agree with Dr. Marion Sims that dilatation may prove hurtful, indeed may be dangerous to life; but not when properly performed. I have myself seen the uterus enlarged to the size of the fifth month of pregnancy by the undue means taken to dilate the os. I have known instruments so rudely forced through the canal that acute symptoms have followed, requiring most active means for their suppression. And I have myself found pieces of metal fixed in the uterus, which had remained there, in some instances, for days, and in others for longer periods; while inflammation was set up, and abscess resulted. I have known repeated dilatations followed by chronic as well as by acute inflammation; and this in single women. In one case—a case ultimately in charge of Mr. Turner, of Sussex-gardens, who asked me to meet him in consultation concerning it,—there had been no less than sixty instrumental introductions with the view to remove dysmenorrhœa; and this in an unmarried woman. But these are not the cases exemplifying mischief by dilatation; for common experience shows that the uterus will not admit of the permanent introduction of foreign bodies without bad results, and prolonged repetition of dilatation is in no case called for. I entirely discard, therefore, all such cases as arguments against dilatation, as well as others mentioned by Dr. Marion Sims; and I repudiate, with all the power that words possess, the tampering with the virgin uterus under any but the most urgent suffering.

I remember when I was a pupil of Sir Benjamin Brodie, at St. George's Hospital, that great surgeon introduced the practice, when extracting a calculus from the female bladder, of dividing in two or three places the mucous membrane of the urethra, throughout the whole canal, by means of a bistouri caché, in order that, as cicatrization proceeded in these wounds, the urethra might contract, and thus prevent the incontinence of urine which usually followed in such cases.

Now it appears to me that there is no difference in the behaviour under cicatrization between the mucous membrane of the cervix uteri and that of the urethra. Hence this operation becomes rather an impediment to than a cause of pregnancy. And when it is remembered that we are acting upon the most dilatable part of the whole body—so dilatable, indeed, that the fœtal head even escapes through it by dilatation,—why should we seek other methods for enlarging the os uteri than dilatation, when it alone is the process especially pointed out as fitted to the nature of the part under treatment?

I regret exceedingly to differ from Dr. Marion Sims; but when I have been witness for many years past to the cure of dysmenorrhœa in married women through dilatation of the os uteri, and when I have seen pregnancy repeatedly and often immediately supervene upon the same operation, it has occurred to me that I have some claim to your indulgence and that of your readers for considering the two questions of incision and dilatation in an opposite point of view to that entertained by Dr. Marion Sims.

It is far from my wish to be supposed to suggest to so experienced a practitioner as Dr. Marion Sims appears to be the adoption of a mode of treatment which differs from his own; but he has evidently taken his objections to dilatation of the os uteri from cases which in my view were evidences, not of dilatation, but of maltreatment of the uterus. If, however, he will try the experiment of introducing a very small flexible metal bougie, such as is used for the male urethra, about two inches into the os uteri, and follow this by others gradually increased in size until the canal is dilated to the size of a common pencil; or if he will use a dilator such as was mentioned by Dr. Priestley, I think, in THE LANCET a few months ago, or one which was made for myself, and which was described by me in your journal,—he will find it more successful in cases of sterility than slitting the cervix uteri, and thus inflicting a permanent injury on that organ.

The whole process of dilatation may be performed in two or three operations at the most.

I am, Sir, yours very faithfully,

Upper Brook-street, March 31st, 1865. G. T. GREAM, M.D.

STRICTURE OF THE URETHRA; OLD KIDNEY DISEASE; DEATH.

To the Editor of THE LANCET.

SIR,—Without wishing to enter into the controversy between Mr. Holt and Mr. Henry Smith respecting the unfortunate case in the latter gentleman's practice, I should be glad to record a case having a direct bearing upon the question at issue.

W. N—— applied among the out-patients at Westminster Hospital on Friday, October 14th, 1864, bringing with him a bottle of his urine, apparently containing pus. On going into his history it was evident that he was suffering from stricture; I therefore attempted to introduce a catheter, but found the stricture to be very tight. With some trouble, however, I got in a No. 2 catheter, and drew off a considerable quantity of *clear* urine.

I heard nothing more of the patient till midday on Monday, the 17th, when a relative came to beg me to see him at his own house. It appeared that on getting home on the Friday he had a rigor, and soon after began to vomit bilious matter, which had continued up to that time. His friends applied on the Saturday to the house-surgeon at Westminster, who sent him a dose of opium; but as he did not improve, they called in a neighbouring practitioner, who gave him two pills, each containing one grain of opium, and effervescing mixture, and declared that the bladder was empty, though the patient had passed no urine since the catheter was used. I found him much exhausted, with herpes around the mouth and a quick pulse. The bladder being evidently full, I passed a No. 2 catheter with some difficulty, and drew off a large quantity of clear urine. Ordered brandy and soda-water, to check the vomiting.

At ten P.M. I was again summoned, and found that the man had decidedly lost ground since the morning. As the vomiting still continued and the bowels were constipated, I ordered ten grains of compound colocynth pill, and a magnesian draught in the morning; to continue the brandy and soda-water. Urine was drawn off by the catheter, which was kept in, so that the friends might draw off the water when required.

October 18th.—The vomiting had ceased, but the bowels had not been moved. Patient in a semi-comatose condition; pulse feeble and fluttering. Ordered half an ounce of brandy every hour. Died at three P.M.

On post-mortem examination I found the bladder fully distended, although the friends declared that the urine was drawn off regularly up to the last. The ureters were greatly enlarged, but the kidneys much contracted, the pelves being, however, much enlarged, so that not more than a third of the secreting structure of the organs was left. The pubes, with the urethra and bladder, were carefully removed, when I found a very tight stricture of the bulbous portion of the urethra, with one false passage beneath the mucous membrane, entering the canal again further back. The liver was healthy.

This case resembles in very many particulars that recorded by Mr. Smith, with the exception that death followed the simple introduction of the catheter. Supposing that the patient had been an inmate of the hospital, and that, undeterred by the occurrence of a rigor, I had dilated the stricture, this case might have been recorded as one of "death rapidly following the use of Holt's dilator." In my case the patient undoubtedly died of old kidney disease, which was aggravated and brought to a climax by the simple introduction of a catheter; and Mr. Smith's case would in all probability have been shown to be of a similar nature had the kidneys been extracted, as they might easily have been, through the perineum.

I believe I am correct in saying that one of the three fatal cases mentioned by Mr. Smith as having occurred in King's College Hospital was a casual case of stricture, which the then house-surgeon (some years back) split up in the surgery *proprio motu*, and sent away without any after-treatment; but this can hardly be considered a fair specimen of the operation.

I am, Sir, your obedient servant,

CHRISTOPHER HEATH, F.R.C.S.

Cavendish-place, March 28th, 1865.

ON THE TREATMENT OF PNEUMONIA.

To the Editor of THE LANCET.

SIR,—As no other person has replied to the paper which Dr. Hughes Bennett has very recently contributed to your valuable journal, will you allow me to question the validity of the arguments he has adduced in favour of a restorative treatment of this disease. Not that I should now have ventured to dispute the justness of the views of so eminent a physician as Dr. Bennett, did I not think that the best method of curing so important a complaint as pneumonia is a subject of great interest to all practical men, particularly at a time when the opinions of the profession are in many respects so divided as to the relative value of the stimulating, restorative, and antiphlogistic treatment of disease.

The chief fact which Dr. Bennett endeavours to prove from the statistics he has brought forward on the subject is, "that a simple primary pneumonia, whether single or double, if treated by the restorative plan, is not a fatal disease. Surely 105 cases, of which twenty-six were double, are sufficient to establish this proposition;"—and the whole purport of the paper is to demonstrate the superiority of restorative over depleting measures in the treatment of inflammation of the lungs. Now, in the first place is "simple primary pneumonia" fairly and completely represented by the class of cases from which Dr. Bennett has derived his statistics? or, in other words, can the 125 cases admitted into the Royal Infirmary of Edinburgh be considered a good average illustration of pneumonia in general, or of that class of cases in the commencement of which it has hitherto been thought advisable to employ antiphlogistic remedies? I believe not. Many of the cases received into hospitals have advanced beyond that stage when antiphlogistic treatment would be of any avail, whilst others have had their system so weakened by want, intemperate habits, or previous disease as to render restorative means imperatively necessary. Nor does the fact that "several of the cases were those of healthy, vigorous young labourers" in any way lessen the force of my objection, inasmuch as those kind of patients do not bear depletion so well as some may suppose. Strength and development of muscle are not incompatible with a comparatively weak state of the vascular system, a poor state of the blood, and an impaired condition of the whole constitution, particularly in men whose quantity of food is often the very minimum required by the amount of labour imposed upon them, and whose health has been, perhaps, further deteriorated by intemperance. For these reasons it is evident that the plan of treatment which would ill suit the poorly-fed and hard-worked labourer might be well adapted for the plethoric, sanguine, and highly-fed gentleman, who enjoys his beef-steak at breakfast, or otherwise indulges his appetite with all that a good digestion can dispose of.

Then, again, the statistics in question by no means show that the treatment employed in the 105 cases of simple pneumonia was really a "restorative" one. For, of these 105 cases "there were nine bled by venesection and subject to an antiphlogistic treatment before or immediately upon admission;" that is to say, nearly nine per cent. had been bled &c. before other means were adopted*—nine per cent. of that class of patients to whose peculiar condition and circumstances I have just adverted, and many of whom are admitted to have been "weak and broken-down sempstresses." Nor, by the way, do these nine cases appear to have progressed so badly, for "1 case recovered in 7 days, 2 in 14 days, 1 in 16 days, 1 in 17 days, 1 in 20 days," &c. Therefore, when in connexion with the above considerations we bear in mind that even the most strenuous supporters of the antiphlogistic treatment do not employ this method in all cases of pneumonia, nor throughout the whole course of the disease; and when we also bear in mind that Dr. Bennett himself does not object to "small bleedings to the extent of eight or twelve ounces" for the sake of relieving "engorgement of the lung," nor to the exhibition of small doses of tartar-emetic, I cannot help thinking that his "restorative plan" of curing pneumonia differs very little from that which would be adopted in a similar class of cases by those practitioners who practise the usual method of treatment.

That 125 cases out of 129 should have recovered is highly creditable to Dr. Bennett's skill and good management, and

* "The amount of blood extracted varied from twelve to thirty-six ounces the latter in two bleedings."

shows that the means resorted to were not only most judicious but were well adapted to the cases under his care. But so far are his statistics from proving the superiority of "restorative" over all other measures, and so far should they be from inducing us to regret with him "that an effort is being made to restore the dangerous practice of bleeding in pneumonia," they rather go to prove how much success may be attained in some cases by employing these and similar means with judgment and moderation.

I am, Sir, your obedient servant,
JAMES C. COPLAND, M.D.

Colville-road, Kensington-park, March, 1865.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE pertinacious M'Intosh, whose action against Drs. Smith and Lowe I alluded to at some length when it was decided here, has had another adverse decision in the House of Lords. The result of this case has been anxiously looked for by the medical profession; and in spite of the advocacy of the Lord Advocate, who has done his best to upset the validity of the certificates and order by which M'Intosh was placed under the care of Drs. Smith and Lowe, the case has again been decided in the favour of these much-esteemed members of the profession. Surely the mentally suspected Mr. Angus M'Intosh must now be convinced that, however doubtful his mental capacity at the period of his detention at Laughton Hall may have been, there can be no doubt but that he was there treated with such consideration as his case required, and that he was legally placed in confinement. Drs. Smith and Lowe, in defending themselves, have also maintained the dignity and respectability of our profession. They must have been put to much expense pecuniarily; whilst the annoyance of these repeated suits is not easily estimated. They have nobly justified the legality of their proceeding, maintained the good name of the profession, and defended its honour; and I consider that they are entitled to some recognition from that body whose character in defending themselves they have vindicated. I hope soon to hear that some steps are being taken by the profession in this city to raise a testimonial to them. The public seems to look towards the College of Physicians, of which they are both fellows, to take the initiative in a proceeding in which the general medical body throughout the country will, I doubt not, most readily unite.

At the College of Surgeons on the evening of the 24th ult., Prof. Allen Thomson, of Glasgow, delivered a very comprehensive, clear, and eloquent lecture on the "Recent Progress of Nerve Histology." He commenced by indicating the relations between the anatomy of the nervous system and its physiology. He then proceeded to show how much the recent progress of our knowledge depended upon the excellence of our microscopes, and remarked that we were indebted to the use of various reagents, especially to chromic acid solution and the staining the structures with ammoniated solution of carmine, for much of our present knowledge. The effect of carmine was especially marked in our anatomical knowledge of the spinal cord. Under carmine-staining, prolongations of the pia mater were seen to extend into its substance. The structure of the cord was found to consist of nerve-tubes, which presented under the microscope dark spots surrounded by an outer coat when subjected to carmine solution. Dr. Thomson appears to be doubtful as to the benefit to science to be derived from the more recent improvements in microscopic object-glasses, and seems to doubt whether object-glasses of the one-twenty-fifth and one-fiftieth of an inch focal distance will conduce greatly to the extension of our certain knowledge. The lecturer afterwards pointed out what the recent progress was, more especially as to the more accurate knowledge of the structure of the spinal cord, the nature of nerve-cells, and the terminations of nerves in the skin, muscles, eye, nose, &c.; and showed what Lockhart Clarke and others had recently done to elucidate these doubtful questions. The lecture was listened to with much interest by a large and attentive audience, and at its conclusion the lecturer was deservedly thanked for his able exposition of a very interesting subject.

Edinburgh, March 28th, 1865.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

AT a late meeting of the Medical Society of Berlin, Professor Remak lectured on a very interesting form of convulsions, which he called *Spasmus alternans transversus*. The patient, who was introduced to the Society, was an adult of twenty-two years, a tiler by trade, and eight days under Dr. Remak's treatment. Three years ago he fell from a height of fifteen feet, without receiving any notable injury, but nevertheless lost consciousness for a short time. Recovering, he felt exhausted and weak; and since that time he has been subject to disorders of the stomach, consisting of want of appetite, disturbed digestion, and pain in the stomach after taking food. This was his only complaint for three years, till, after trying various remedies, he was ordered the cold-water cure. This he used through October and November, during which the present state developed itself. When the patient is walking, he is attacked every three or four steps by convulsion, which passes over him crossways in this manner: the right arm involuntarily becomes elevated to a horizontal line, while the forearm is bent, and apparently the left leg is rising; but a more minute examination shows that the left leg during the elevation of the right arm remains hanging—not through palsy of the ilio-psoas, but through convulsion of the glutæi, as the patient himself feels the traction backwards, and as the sudden jerking of the leg towards the same direction is visible. The thigh is pulled behind, by which process the tip of the foot remains on the ground; the step is thereby retarded, causing the patient to stagger, but not to fall. Thus the convulsion arises crossways synchronously in the muscles of the left shoulder and in the right glutæi. At the time when the patient came under Professor Remak's care, he exhibited a second series of convulsions, which arose in the right shoulder and passed into the right foot; but the application of the continuous electric current caused the right arm to be nearly at rest, while in the left leg and in the glutæi traces of the past condition are, though rarely, to be found. The attacks are also to be seen while the patient is sitting, although the action of the glutæi is not so apparent as when he is standing. The pupils are regular, and the general health, except want of appetite and complaint of the stomach, is good. The only thing worth noticing is a slowness and difficulty of speech. As the patient asserts, memory and intelligence were in no way impaired. Slight anæsthesia existed only in the palm of the right hand and in the fingers, but this has already disappeared. Dr. Remak considers the pyramids to participate in the phenomena where crossing of those nerves exists which from the skull descend through the pons to the upper and lower extremities. Besides this, there lay in the same height Stilling's granule of the vagus, which may be considered as the seat of the existing dyspepsia and anorexia; and near by, the hypoglossus granules and the olives, from which the difficulty of speech may be derived. Remak classes this affection amongst commotions the nature of which is as unknown as are the changes which they undergo. Under the application of the continuous electric current, the patient is making rapid progress towards convalescence.

Berlin, March, 1865.

Parliamentary Intelligence.

HOUSE OF LORDS.

APRIL 4.

THE EPIDEMIC IN RUSSIA.

The Bishop of OXFORD asked whether the attention of the Government had been called to a report which had appeared in the public papers, and which had created considerable excitement in the public mind, as to an epidemic which seemed to be rapidly advancing towards this country from Russia. The statement was that it was one of those mysterious diseases resembling the cholera; that the plague had passed the Ural mountains, and had reached St. Petersburg, where its ravages were so great that the number of deaths was no longer officially stated; and that it had broken out in some parts of Prussia.

Earl GRANVILLE said that his noble friend the Foreign

Secretary had already given orders to the Consuls and our Ambassador in Russia to furnish all the information they could procure on the subject; and on that very day he had sent suggested questions to the Foreign-office in order that they might be telegraphed to our representatives not only in Russia, but in the Baltic ports, and that replies might be received as soon as possible.

HOUSE OF COMMONS.

MARCH 31.

MEDICINES FOR THE POOR.

Sir J. SHELLEY asked the President of the Poor-law Board whether the Poor-law Board intended in this session to take any, and if any what steps to carry out the recommendation of the Select Committee on Poor Relief, that in future cod-liver oil, quinine, and other expensive medicines should be provided at the expense of the guardians, and not as heretofore by the parochial medical officers.

Mr. VILLIERS said the subject referred to was one to which the Board had given much consideration, and on which they had communicated much with guardians in different parts of the country, and they did not despair of inducing them very generally to adopt the recommendation of the Committee in question. There were difficulties in the way, however, owing to the existing contracts with the medical men, which were made on the other system. These contracts usually were made for life, and there had sometimes been an unwillingness to revise them; but in certain cases the doctors did not live in the union, and were then selected annually, and in all these cases there was reason to hope that the recommendation would be adopted. The Poor-law Board in such cases would use all its authority to induce the guardians to adopt it. (Hear.)

MORTALITY IN EMNETH.

Dr. BRADY asked the Secretary of State for the Home Department if his attention had been directed to a statement made by the coroner at an inquest held at Emneth, in the county of Norfolk, last week, and reported in the *Lynn Advertiser* of the 25th inst., directing attention to the extraordinary mortality among children in Emneth, amounting to 80 per cent. of the population, which the parish surgeon attributed to gross and culpable neglect, the children dying from starvation.

Sir G. GREY said he had received a letter from the coroner, stating his belief that the great mortality among the children was attributable to the neglect of the mothers. The letter had been forwarded to the High Constable of the county, who would inquire into the facts.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on the 30th ult.:—

Brewer, Charles Claridge, City-road.
Burrell, Edwin, Westley, Bury St. Edmunds.
Starton, Hubert Wilson South, Trafalgar-road, Greenwich.
Williams, John, University College.

As an Assistant:—

Lloyd, John, George-street, Cardiff.

THE ROYAL ISLE OF WIGHT INFIRMARY is proposed to be considerably enlarged.

THE MAGNESIUM LIGHT.—Dr. F. Fournie has availed himself of the magnesium light as a means of investigating the interior of the throat by means of the laryngoscope.

A CONSIDERATE GIFT.—Her Grace the Duchess of Northumberland has presented to the Newcastle Infirmary the patent mechanical invalid bed occupied by the late lamented duke during his last illness. The bed was manufactured by Mr. Alderman, of Soho-square.

COTTAGE HOSPITAL AT PETWORTH.—It is contemplated to erect a building at Petworth for the reception of small-pox and fever cases, in lieu of the "pest-house" long used for that purpose. Lord Leconfield has offered a site together with £500 towards the erection.

THE GENERAL MEDICAL COUNCIL.—The Medical Council this year sat in the lower room of the College of Physicians, as the examinations are in progress in the Library. It is, however, a spacious apartment, not ill-suited to the purpose. The business of the Council is, as it has always been, exceedingly well-conducted. Dr. Francis Hawkins and the clerks, Mr. Roope and Mr. Bell, are energetic, able, and exceedingly courteous in their duties. The stress of work thrown upon them by the meetings of the Council and committees, and the preparation of the minutes and programmes and various business documents, is very considerable; the punctuality and order with which this part of the business is conducted are remarkable.

PRESENTATION OF THE VICTORIA CROSS.—The Victoria Cross has been bestowed on Assistant-Surgeon Manly, R.N., for distinguished acts of bravery at Tauranga, on 29th of April, in endeavouring to save the life of the late Captain Hay; and on Assistant-Surgeon Temple, R.A., for distinguished bravery, with drummer Stackpole, who had risked their own lives in bringing in the wounded who had fallen in the attack at Rangiriri, New Zealand.

MEDICAL QUALIFICATIONS.—At the recent annual meeting of the trustees of the Stockport Infirmary it was resolved—"That a degree in medicine of a British university, or the licentiateship of the Royal College of Physicians of London, or the licence of the Apothecaries' Company of London, be accepted by the committee as proof of medical qualification in all cases where the licence of the Apothecaries' Company, London, alone is now required by the rules.

RADCLIFFE INFIRMARY, OXFORD.—In consequence of the resignation of Mr. Hester, the Senior Surgeon, a vacancy has occurred in the staff of this institution. There is only one candidate for the appointment, Mr. John Briscoe, who for upwards of twelve years most ably performed the duties of House-Surgeon. We do not hear that he is likely to be opposed.

HOSPITALITIES.—The President of the General Medical Council opened his residence in Cavendish-square on Wednesday evening to a large society of medical men invited to a *soirée* to meet the members of the Council. The rooms overflowed with all the notabilities of London, and many distinguished medical men of the provinces were also present. On Thursday evening the members of the Council were entertained at one of the quarterly dinners of the College of Surgeons.

OBITUARY.—George Walter James, Esq., M.R.C.P. and L.S.A., of Wooburn Green, Beaconsfield, died on the 24th ult., after a very painful illness of fourteen months, aged sixty-two years. He was the third son of the late William James, Esq., of Bodmin. He passed the Hall and College in 1825 and 1826, and received a French physician's diploma in 1845. He formerly resided at Birmingham and West Bromwich, also in the islands of Guernsey and Sark, and finally established himself at Wooburn, where he had an extensive practice. He was an ardent lover of his profession, and, actuated by purely benevolent motives, he devoted himself to the poor, on whom his labours were bestowed in a great measure gratuitously. His death is sincerely lamented by a large proportion of the humbler classes, to whom he was a true friend.

MEDICAL APPOINTMENTS.

C. J. BENNETT, M.R.C.S.E., has been elected Medical Officer for the Grampound District of the St. Austell Union, Cornwall.

I. B. BROWN, jun., M.R.C.S., has been appointed Assistant-Surgeon to the London Surgical Home.

J. BROWN, M.R.C.S.E., has been appointed Medical Officer for the 1st Division of the Rowley Regis District (which has recently been divided into two) of the Dudley Union, Worcestershire.

E. CHARLTON, M.D., has been appointed Medical Officer for the Dartford Union Workhouse.

O. DEAN, M.R.C.S.E., has been elected Medical Officer for St. Jude's District of the Township of Manchester, vice J. Medd, M.D., resigned.

Mr. S. H. HOBLEY has been appointed Resident Dispenser to the Hitchin Infirmary, vice Mr. Wm. Coker, resigned.

G. E. JEAFFRESON, M.R.C.S., has been appointed Medical Officer to the Suffolk Albert Memorial College at Framlingham.

T. JONES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Llandyssilio District of the Aberayron Union, Cardiganshire, vice D. Evans, M.R.C.S.E., deceased.

P. KAVANAGH, M.D., has been appointed Medical Officer for the newly created Out-door Deptford District of the Greenwich Union.

F. LE FEVRE MILBURN, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary, vice F. W. Cooper, L.R.C.S.Ed., appointed House-Surgeon.

T. MOORE, M.R.C.S.E., has been appointed Medical Officer for the 2nd Division of the Rowley Regis District of the Dudley Union.

G. PEARCE, M.D., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Leicester Union, vice J. H. Lilley, M.D., resigned.

D. H. RYDER, M.R.C.S.E., has been appointed Medical Officer for the newly created Out-door Greenwich District of the Greenwich Union.

E. E. SCORESBY-JACKSON, M.D., F.R.C.P., has been appointed Physician to the Royal Infirmary of Edinburgh.

A. SHEARS, M.D., has been appointed Assistant-Surgeon to the Nottingham Dispensary.

E. SHORLAND, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the 4th District of the Melksham Union, Wilts, vice G. Plimmer, L.R.C.P.Ed., deceased.

H. G. WALKER, M.R.C.S.E., has been appointed House-Surgeon to the Hereford General Infirmary, vice J. Beavan, M.R.C.S., resigned.

M. WOODWARD, M.R.C.S.E., has been re-elected Medical Officer and Public Vaccinator for the Fladbury District of the Pershore Union, Worcestershire.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

R. BOWES, M.R.C.S.E., has been appointed Assist.-Surg. to the 15th North Riding of Yorkshire Rifle Volunteer Corps.

T. CARR, M.D., Assist.-Surgeon R.N. July 6th, 1860, Assist.-Surg. of the "Speedwell," has been appointed Acting Surgeon of the "Zebra," vice Craig, deceased.

J. COCKIN, M.R.C.S.E., Surgeon R.N. Dec. 9th, 1852, has been appointed to the "St. Vincent."

G. W. L. HARRISON, M.R.C.S.E., Assist.-Surg. R.N. Oct. 14th, 1858, has been appointed to the "Sharpshooter."

V. MAHER, L.R.C.S.Ed., Assist.-Surgeon 41st Foot, has been appointed Staff Assist.-Surg. Army, vice Norris, appointed to the 41st Foot.

A. B. MESSER, M.D., Surg. R.N. Feb. 12th, 1864, has been appointed to the "Persecus."

N. NORRIS, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 41st Foot, vice Maher, appointed to the Staff.

J. H. PORTER, L.R.C.S.I., Surg. 97th Foot at Saugor, has been appointed to take charge of the Civil Duties and of the Medical Store Depôt, during the absence on temporary duty of Assist.-Surg. W. R. Rice.

C. PERRETS, Assist.-Surg. Bengal Service, officiating Civil Assist.-Surgeon of Mynpoorie, has been appointed Civil Assist.-Surg. of that Station.

W. R. RICE, M.D., Civil Assist.-Surgeon of Saugor, Bengal, has been transferred to Jubbulpore, in the same capacity.

G. S. SUTHERLAND, Assist.-Surg. Bengal Service, in medical charge of Nynee-Tal, has been appointed Superintendent of Vaccination in the Benares Division, including Goruckpore.

R. TURNER, M.D., Staff Assist.-Surg. Army, has been appointed to do duty with the 104th Foot at Jhansi.

W. WATSON, M.B., Assist.-Surg. Bengal Service, has been appointed Superintendent of Vaccination in the Allahabad and Jhansi Divisions.

S. S. D. WELLS, L.R.C.S.Ed., Surgeon R.N. Feb. 28th, 1854, has been appointed to the "Britannia."

Births, Marriages, and Deaths.

BIRTHS.

On the 22nd ult., at Scotch-street, Whitehaven, the wife of J. Dickson, M.D., of a son.

On the 23rd ult., at Alfred-place, West Brompton, the wife of Dr. W. F. Mactier, Bengal Service, of a son.

On the 24th ult., at King-square, Bristol, the wife of Dr. Challacombe, of a daughter.

On the 25th ult., at Clare-street, St. Heliers, Jersey, the wife of John Le Gros, L.R.C.P.Ed., of a son.

On the 30th ult., at Forest-hill, the wife of R. Barnett, M.D., of Brook-street, Grosvenor-square, of a son.

On the 27th ult., at Oak Lodge, Buriosdon, the wife of F. Philpot, L.F.P. & S. Glas., of the Army Medical Department, of a daughter.

On the 28th ult., at Puckeridge, Herts, the wife of Dr. Alfred Packman, of a son.

On the 30th ult., at Worcester Lodge, Clifton, Bristol, the wife of F. Black, M.D., of a son.

On the 31st ult., at Sandgate-street, Ayr, the wife of W. M'G. Burns, M.R.C.S. Eng., of a son.

On the 31st ult., at College-crescent, South Hampstead, the wife of R. Henry Milson, M.R.C.S.E., of a daughter.

On the 4th inst., at Hungerford, Berks, the wife of Harry P. Major, M.D., of a daughter.

MARRIAGES.

On the 28th ult., at Greenside, Leslie, Fifeshire, James Alexander, L.R.C.S. Edin., to Janet, daughter of the late H. J. Borthwick, Esq.

On the 29th ult., at the Parish Church, Wrexham, Edward Davies, M.D., to Alison Paxton, eldest daughter of Wm. Low, Esq., of Llaitwen, near Wrexham.—No Cards.

On the 30th ult., at Sowerby, Thirsk, Yorkshire, Ernest Ringrose, M.D., of Potter's-bar, Middlesex, to Jessie Sophia, daughter of W. H. Kitchingman, Esq.

DEATHS.

After an illness of but little above two hours, Charles Squibb Robinson, M.D., of Harewood-square, aged 80.

On the 7th of Dec., off Java Head, on board the ship "Montrose," S. B. A. Denton, M.R.C.S.E.

On the 1st ult., at St. George's, Grenada, Robt. Affleck, M.D., Medical Officer of Health and Coroner of St. George's, and Member of the House of Assembly.

On the 21st ult., T. Walmsley, M.R.C.S.E., of Wem, Salop, aged 65.

On the 24th ult., G. W. James, M.D., of Woobern-green, Buckinghamshire.

On the 29th ult., of typhus fever, F. J. Rogers, M.R.C.S.E., House-Surgeon and Apothecary to the Infirmary and Fever House, Leicester, aged 28.

To Correspondents.

Acoustic.—One sense is not more wonderful than another. Prof. Helmholz regards the *cochlea* as the special organ for transmitting musical sounds to the nerves, while mere "noises" affect other portions of the ear. The so-called "fibres of Corti," of which about 3000 are reckoned, he considers as each capable of being affected by a simple sound, while a compound sound acts upon several, producing a corresponding impression on the nerves. Each filament of the acoustic nerve is united to an elastic filament, supposed to be thrown into vibration by appropriate sounds.

Mr. J. G. Cope.—The request shall be attended to.

A Severe Sufferer (Manchester) may obtain the assistance which he requires on seeking the advice of any respectable surgeon in the town in which he lives.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have just read with much pleasure your leading article of Dec. 3rd, 1864, on the "newest" Indian Medical Warrant. I trust the authorities will admit that, although they have conceded to the officers of the Indian medical service a Warrant characterized by wisdom and liberality, they have dealt with the Queen's medical officers in a very different spirit. The "unemployed" pay of the former is the same as the "employed" pay of the latter. I can confidently assert that the duties of an assistant-surgeon of a Queen's regiment, even when three of them are attached to the corps, are greater than are the duties of an assistant-surgeon in charge of a native regiment; and yet the one (I take an assistant-surgeon under five years' service for example) receives 450 rs. a month, and the other (on full batta) 317 rs. 8 a. I think it is very hard that the officers of the Queen's service are not during their service in India as well paid as those of the Indian department. We are liable to pass a large portion of our service in India without the boon of looking forward to the certainty of promotion after twelve years' service. Our regimental expenses are greater than those in a native regiment, and I think it must be confessed that five or more years' residence in India is not likely to improve our healths or fit us better for the rigors of a Canadian winter, or even the humidity of many parts of Ireland. If we must suffer the trials and dangers of an Indian exile, surely it is not too much to ask that we should be as liberally rewarded while there as those who have adopted it as their home.

There is a small proportion of our community whose cause I hope, Mr. Editor, you will espouse. I allude to those Queen's officers who have passed the prescribed colloquial examination in Hindoostance for medical charge. I hope Sir Charles Wood may be induced to press upon Earl de Grey a reconsideration of the subject, and, as a result, the Warrant of 7th November, 1864, may be supplemented by an order to the effect that all Queen's officers who have passed the prescribed colloquial examination for medical charge at the time of the promulgation in India of the new Warrant shall be permitted to volunteer to the Indian medical service, retaining their service and all advantages they were in possession of at the time of their transfer. The new Warrant has deprived these comparatively few officers of all the advantages which they could expect to derive from qualifying themselves in the vernacular, and cancelled all the orders issued and encouragement given previously by both the home and local Governments.

I am, Sir, your obedient servant,

India, Feb. 13th, 1865. ASSISTANT-SURGEON, B.A.

To the Editor of THE LANCET.

SIR,—I quite agree with your criticism on the letter of "Indophilus" in your number of the 24th December last. I have no hesitation in stating that the new Indian Medical Warrant has given general satisfaction. I dare say that many officers who were before getting good pay hoped for something better. I do not pity such. "Indophilus" complains that all European charges are now lost to the service. This is not such a very great grievance as many might suppose; the number of which does not probably amount to more than ten or twelve in the Madras service, and the other Presidencies in proportion, and these charges were only obtained by the favoured few. I am quite at a loss to know what "Indophilus" means by saying that we are still deprived of staff salary. I can only say that I now draw 167 rs. a month more than I did before, and certainly consider that staff salary, as if unemployed I should get that amount less. "Indophilus" complains that the unemployed scale will not prove so beneficial, as Indian medical officers are seldom unemployed. So much the better I should say. I am of opinion that any young medical man, having made up his mind to leave England, could not do better than enter the Indian medical service.

I remain, Sir, your obedient servant,

A CONVENTED INDIAN ASSISTANT-SURGEON.

Madras Presidency, Feb. 1st, 1865.

Investor.—Mr. Francis Playford's "Practical Hints for Investing Money" will afford the information required. The statements are to be thoroughly relied upon, and the subjects are treated so simply and plainly that they may be understood at a glance. It may be obtained of any bookseller, price 1s.

SOLUTIONS OF SILVER.

To the Editor of THE LANCET.

SIR,—May I be permitted through your columns to suggest to Dr. Wright, or rather to remind him, that iodide of silver is largely soluble in a strong solution of nitrate of silver, and that in direct proportion to the strength of the latter. Therefore a surgeon may at once form a saturated solution of iodide, in nitrate of silver, by adding to a strong solution (say 340 grains to the ounce) of the nitrate a strong solution of iodide of potassium so long as the precipitate formed is redissolved. He will then have the means of forming a solution of any desired strength by simply diluting with water, and the iodide in excess will be precipitated. A pure and definite solution will then be formed, and the organic matter mentioned in the latter portion of Dr. Wright's paper as so detrimental, but which is, to our great annoyance, often present (and necessarily so) in an old photographic nitrate bath, will be entirely absent. I may add that the test for strength as applied by a hydrometer to an old nitrate bath is entirely fallacious, owing to the varying quantities of ether and alcohol present.

I am, Sir, yours obediently,

Regent-street, March 29th, 1865. GEO. ROBT. FITZ.

T. C. B.—1. It is not compulsory. If two practitioners are resident in a Poor-law district, one doubly and the other only singly qualified, the guardians, in making a selection, would be expected to choose the gentleman holding the double qualification. To this, however, there have been exceptions.—2. For the approximate composition of Liebig's Food for Infants, see THE LANCET of January 28th.

M.R.C.S. (Sheffield) should make an application to Mr. Adams, the American Minister.

Offended, (Hertford.)—The *casus belli* appears to be so insignificant and absurd that it is unnecessary to enter into the details of it.

BRITON MEDICAL AND GENERAL LIFE ASSOCIATION (NEW EQUITABLE).

WE regret that want of space prevents our giving a report of the annual general meeting of this Company, which took place on Thursday, March 30th. The very satisfactory report of the directors, also an account of the proceedings of the meeting, will appear in our next impression.

Umpire.—Dr. Richardson's pamphlet, "For and Against Tobacco." M. Jolly's "Counterblast" errs on the old side; it proves too much. No doubt the tobaccos of Greece, Arabia, and Paraguay are milder than those of Cuba and Virginia.

S. G.—1. It rests with the authorities of the Post-office.—2. Not exclusively.

DR. PRITCHARD'S CASE.

To the Editor of THE LANCET.

SIR,—I take the liberty of asking Dr. Douglas Maclagan, through the medium of your pages, if, when examining the body of Mrs. Pritchard, the pulmonary bloodvessels were minutely looked at.

In the late Dr. Carson's theory of the motion of the blood, it is contended that a vacuum is constantly kept up in the chest by the elasticity of the lungs and the automatic expansion of the heart. In nearly all cases after death, with the exception of drowning and the destruction of life by carbonic acid gas, this vacuum remains. There will consequently be a draining of the system into the pulmonary vessels. Hence the vacuity of the arteries after death. Under these circumstances it is natural to suppose that there will be a greater accumulation of the poison in the pulmonary system than in any other parts of the body.

I am, Sir, yours, &c.,

Liverpool, March 30th, 1865. PHYSIOLOGIST.

Dr. A. Grant's communication "On the Solution of Stone within the Bladder" shall, if possible, appear next week.

H. J. P.—It is usual for the fee to be handed over to the gentleman who was engaged to attend, and who will be expected to present a moiety to his *locum tenens*.

REGISTRATION OF DENTAL SURGEONS.

To the Editor of THE LANCET.

SIR,—Allow me to call your attention to an organized movement amongst the dental surgeons to obtain certain alterations in the Medical Registration Act, by which the licentiates in dental surgery shall be enabled to register after the manner of the fully qualified practitioners. It is not my intention to argue for either side of this movement (this I would rather leave to your wider experience), but rather to elicit the opinions of the profession at large, and ascertain how far its members are willing to allow any of the distinctive features conferred upon them by their superior diploma to be usurped by those who hold only a licence to practise a specialty.

Is not this movement only the beginning of the complications attendant upon the issuing of special licences?

Yours, &c.,

April, 1865. M.R.C.S.

Guardian.—Either of the hospitals named furnishes every facility for the acquirement of knowledge on the part of the student.

Enquirer.—The Coppice, Nottingham.

A Poor Sufferer should attend one of the hospitals on a surgeon's day, when he would receive proper advice.

Dr. C. Edwards, (Cheltenham.)—In an early number.

A Solicitor would confer great benefit upon the public by bringing the matter before a magistrate. The fellow can be prosecuted under Lord Campbell's Act.

THE MEDICAL PROFESSION AND INSURANCE OFFICES.

Mr. W. Jackson, of Barton-on-Humber, has communicated to us the following fact. It is scarcely possible to conceive that any other Office in the kingdom would pursue so suicidal and offensive a course of conduct:—

"A few days ago I was consulted by a patient on the subject of insuring his life, and I spoke favourably of the Crown Life Assurance Company. Meeting the local agent of that Company the same day, I asked him if his Office consulted the private medical attendant of the proposed insurer. The reply was in the affirmative, and I fixed an hour for my patient to call upon him. A Mr. Hall Todd has since sent down a peremptory letter to say the Company do not allow proposers to dictate the medical man they choose to consult, and they have therefore instructed another gentleman to call upon my patient."

FLATULENCE IN PREGNANCY.

S. T. B. strongly recommends the following remedy:—Bicarbonate of potass, two drachms; compound tincture of cardamoms, compound tincture of rhubarb, of each six drachms; aromatic spirit of ammonia, three drachms; peppermint water to eight ounces. A sixth part once or twice a day.

Mr. R. Linklater—The medicine suggested has no power over consumption.

Dispenser.—By application to the Director-General of the Army Medical Department.

TREATMENT OF ASCARIDES.

To the Editor of THE LANCET.

SIR,—I have under my charge a patient afflicted with ascarides, for which I have tried iron taken internally, also quassia and iron injected several times. They merely mitigate the annoyance for a time. If any of your numerous readers know any remedy, they will much oblige,

Your obedient servant,

Parsonstown, April 2nd, 1865. CHARLES B. STONEY, M.B.

A Weaver.—The injection of steam into weaving sheds has been discussed at a meeting of the power-loom weavers of Blackburn, and condemned as "exerting a most pernicious influence on the physical health of those subject to the vapour." Our correspondent refers to the 7th and 8th Victoria, cap. 15, and thinks the protection applied to flax, hemp, and jute "mills" might be applicable to the case in question.

Podagra should consult his medical attendant. We do not prescribe in THE LANCET.

AN OUTRAGE UPON DECENCY.

T. C. HUDDLESTONE presents his compliments to the Editor of THE LANCET, and, as the father of a large family, sends him a book which he received yesterday morning.

Newark-on-Trent, April 3rd, 1865.

*** The infamous pamphlet is entitled "Sir Astley Cooper's Vital Restorative."

IN consequence of the space occupied in our present number by the report of the proceedings of the Medical Council, we are compelled to postpone several communications already in type.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Fergusson; Mr. Partridge; Mr. Henry Thompson; Mr. Baker Brown; Mr. Brodribb; Dr. Barnes; Prof. Simpson, Edinburgh; Mr. Spencer Wells; Prof. Pirrie, Aberdeen; Dr. Watson, Edinburgh; Mr. Westcott; Dr. Scoresby Jackson; Dr. Richardson; Mr. Walker, Hereford; Dr. Pearce, Leicester; Mr. Ludlow; Mr. Crasier (with enclosure); Dr. J. M. Santudo, Madrid; Mr. Whalley; Mr. Hawken; Mr. Cannan (with enclosure); Dr. Swanton; Mr. Jeaffreson, Framlingham; Mr. Milson; Mr. Cope, Westoe; Mr. Smith, Edinburgh; Mr. Redfern Davies; Mr. Tomlin; Dr. Holland, Matlock; Mr. Cottier; Mr. Godfrey; Mr. Fenn, Fletching (with enclosure); The Hon. Mrs. Boyle, Reading (with enclosure); Mr. Deane; Mr. Carter (with enclosure); Mr. Carden, Worcester; Mr. Hillyard; Dr. Paterson; Mr. Brasson, Edgeware; Mr. Brown, Antigua; Mr. Savill; Mr. Dickson, Colsterworth; Dr. Medd; Dr. White (with enclosure); Mr. Barnard Holt; Dr. Stoney; Mr. Pardoe; Mr. Allen; Mr. J. B. Langley; Mr. Owen (with enclosure); Mr. Anderson; Dr. Shears; Dr. Cregeen, Peel; Mr. Edmunds; Mr. Down; Mr. Flower; Mr. Lobb; Dr. H. P. Major, Hungerford; Mr. Sydney (with enclosure); Mr. Burdon; Dr. Edwards, Cheltenham; Mr. Grant, Longside; Mr. Bailey, Coleshill; Dr. Gillespie, Edinburgh; Dr. Fairbank; Mr. Dale; Mr. Turner, Alfreton; Mr. Collins; Mr. Hale, Staveley; Dr. M'Dermott; Dr. Barnes, Newcastle; Mr. Linklater; Mr. Munro, West Hartlepool; Mr. Lamb (with enclosure); Dr. Kingston; Mr. Huddlestone, Newcastle; Dr. G.; Vigilans; Dublin; M. H.; Offended; T. B.; T. W. O.; V. P.; Physiologist; J. W. N.; A Victim; M.D.; A Constant Subscriber; Guardian; A Severe Sufferer; M. R.; M.R.C.S.; T. C. B.; Ethnological Society; An Assistant; S. T. B.; Pharmaceutical Society; Vivat Veritas; F. D. (with enclosure); R. L.; A Poor Sufferer; A Solicitor; Dispenser; Rusticus; &c. &c.

THE *Bombay Gazette*, the (Jamaica) *Colonial Standard*, and a great number of other newspapers have been received.

Medical Diary of the Week.

Monday, April 10.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL GEOGRAPHICAL SOCIETY.—8½ P.M.

Tuesday, April 11.

GUY'S HOSPITAL.—Operations, 1½ P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. J. Crawfurd, "On the Physical and Intellectual Characteristics of the African or Accidental Negro."—Prof. Busk, "On Human and Animal Remains from a Cavern near Drinnon, Argyleshire;" and "On Human Cranium from a Stone Coffin at Phu Bodach, Bute," sent by the Rev. A. M'Leod.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—7½ P.M. Ballot.—8½ P.M. Dr. Hermann Weber, "On Delirium during the Decline of Acute Diseases." Mr. Henry Lee, "On Acute Inflammation of the Veins."

Wednesday, April 12.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. MARY'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.

LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, April 13.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

LONDON SURGICAL HOME.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Friday, April 14.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, April 15.

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.

ROYAL FREE HOSPITAL.—Operations, 1½ P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.